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# Form **990-PF**

#### **Return of Private Foundation**

r Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

2013

		19, 2013	, and ending	DEC 31, 2013	Open to Public Inspection
	me of foundation	15, 2015		A Employer identification	
_				46 44 40 54 0	
	LIFTON FOUNDATION INC		Room/suite	46-4148510	<u> </u>
	mber and street (or PO box number if mail is not delivered to street		Room/suite	B Telephone number 502-882-62	E1
	110 WEST MAIN ST - 3RD FLO			_	
	y or town, state or province, country, and ZIP or foreign p	ostai code		C If exemption application is p	ending, check here
	Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here
	Final return	Amended return	inor pasio snarry		
	Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, proputation
H (	Check type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust		tion	under section 507(b)(1)	
I Fa	air market value of all assets at end of year   J   Accounting	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fi		her (specify)		under section 507(b)(1)	
	\$ 4,805,309. (Part I, colu	mn (d) must be on cash b	asıs )		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	0.		N/A	
	2 Check X of the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments				
	A Dividends and interest from securities				
	5a' Gross rents			<u> </u>	
	b Net rental income or (loss)	-			
ë	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all passets on line 6a				
Revenue	7 Capital gain net income (from Part IV, line 2)		0.	***************************************	
Re	8 Net short-term capital gain			<u></u>	TIED \
	9 Income modifications			- C	18/
•	Gross sales less returns 10a and allowances			FE	
•	b Less Cost of goods sold				0 2014
•	c Gross profit or (loss)			O NOV	1
(	11 Other income			131	لر آلا الأ
4,	12 Total Add lines 1 through 11	0.	0.		DEN, UT
	13 Compensation of officers, directors, trustees, etc	0.	0.	1 0	0.
	14 Other employee salaries and wages				
Ø	15 Pension plans, employee benefits				
nse	16a Legal fees				
Expenses	b Accounting fees c Other professional fees		· · · · · · · · · · · · · · · · · · ·		
i iii	17 Interest				
ative	18 Taxes				
inistrat	19 Depreciation and depletion				
Admi	21 Travel, conferences, and meetings				
Serating and Adn	22 Printing and publications				
5 6	23 Other expenses STMT 1	91.	0 .	,	16.
<b>3</b>	24 Total operating and administrative				
Oper	expenses. Add lines 13 through 23	91.	0.		16.
0	25 Contributions, gifts, grants paid	94,600.			94,600.
	26 Total expenses and disbursements				
	Add lines 24 and 25	94,691.	0 .	<u> </u>	94,616.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<94,691.			
	b Net investment income (if negative, enter -0-)		0 .	<del></del>	<u> </u>
	c_Adjusted net income (if negative, enter -0-)			N/A	1

23501 0-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	00-PF (2013) CLIFTON FOUNDATION INC				4148510 Page 2
Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of	
<u>_</u>	art	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing		5,30	9.	5,309.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
	1	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts ▶				
Ø	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges	,			
Ą	t .	Investments - U.S. and state government obligations				
		Investments - corporate stock				
	l	Investments - corporate bonds		-		
	11	Investments - land, buildings, and equipment basis				
	' '	Less accumulated depreciation				
	12	Investments - mortgage loans			-	
	13	Investments - other STMT 3	0	. 3,593,16	14	4,800,000.
		Land, buildings, and equipment: basis		. 3,333,10	7 = 0	4,000,000.
	14	Less accumulated depreciation				
	45					<del> </del>
		Other assets (describe				
	16	Total assets (to be completed by all filers - see the	0	2 500 47	,,	4 OUE 200
_		instructions. Also, see page 1, item 1)		3,598,47	73.	4,805,309.
		Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue		-		
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
[필	21	Mortgages and other notes payable				
_	22	Other liabilities (describe		-		
		<b>7</b>	0		_	
_	23	Total liabilities (add lines 17 through 22)	0	•	0.	
		Foundations that follow SFAS 117, check here				
S		and complete lines 24 through 26 and lines 30 and 31.				
2 E	24	Unrestricted				
ala	25	Temporarily restricted				
9 9	26	Permanently restricted	<del></del>			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here				
þ		and complete lines 27 through 31	•		_	
ţ	27	Capital stock, trust principal, or current funds	0		0.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0			
¥.	29	Retained earnings, accumulated income, endowment, or other funds	0			>
ž	30	Total net assets or fund balances	0	3,598,47	13.	
			0	2 500 45	,,	
_	31	Total liabilities and net assets/fund balances	0	. 3,598,47	3.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances			
<u>_</u>	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		$\Box$	
•		st agree with end-of-year figure reported on prior year's return)	50		1	0.
9	•	r amount from Part I, line 27a			2	<94,691.>
		r increases not included in line 2 (itemize)	ਹ ਬਬੁਤ	TATEMENT 2	3	3,693,164.
		lines 1, 2, and 3	9EE 9	TATEMENT Z	4	3,598,473.
		eases not included in line 2 (itemize)			5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b) line 30		6	3,598,473.
<u>ح</u>	. 0101	100000 or form buildings at one of your fine 4 finites into of 17 att 11,00	157 1110 00		ــــــــــــــــــــــــــــــــــــــ	Form <b>990-PF</b> (2013)

Z-Story brick Wa	ribe the kind(s) of property sold (e. arehouse; or common stock, 200 sl	g., real estate, hs. MLC Co.)	1 · P	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b NO	NE					
C						<u> </u>
<u>d</u>						
е		1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba			(h) Gain or (loss) (e) plus (f) minus (	
a						
b						
C						
<u>d</u>			<u> </u>			
Complete only for access above	a sour in column (h) and award by	the foundation on 10/21/5/	0		// O (O-1 //)	
Complete only for assets showin	ng gain in column (h) and owned by				(I) Gains (Col. (h) gain i ol. (k), but not less than	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if an	` '		Losses (from col. (f	))) ((r
a				i 		
b						
C						
d						
e		<u> </u>				
Capital gain net income or (net ca	pital loss) { If gain, also enter-	er in Part I, line 7 0- in Part I, line 7	}	2		
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) a column (c).	and (6):	Ì			
If (loss), enter -0- in Part I, line 8				3		
Part V   Qualification U	nder Section 4940(e) fo	r Reduced Tax on	Net Inv	estment In	come	
For optional use by domestic private	foundations subject to the section	4940(a) tax on net investm	ent incom	e.)		N/A
	are and blook					
f section 4940(d)(2) applies, leave th	iis part diank.					
Vas the foundation liable for the sect	tion 4942 tax on the distributable a	mount of any year in the bas	se period?			Yes N
f "Yes," the foundation does not qual	ify under section 4940(e). Do not o	complete this part.				
	each column for each year; see the		any entries	S		
(a) Base period years Calendar year (or tax year beginnii	(b) ng in) Adjusted qualifying di	stributions Net value	(c) of noncha	rıtable-use asse	Distribits (col. (b) divi	(d) ution ratio ded by col. (c))
2012						404 57 0011 (0))
2011						000 09 001. (0))
						000 03 000 (07)
2010						000 by 001 (c))
2010		,				000 57 00% (0)/
		,				
2010 2009						
2010 2009 2008					2	
2010 2009 2008 Total of line 1, column (d)	5-year base period - divide the total	on line 2 by 5, or by the nu	mber of ye	ars	2	
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the	•	on line 2 by 5, or by the nu	mber of ye	ars		
2010 2009 2008 Total of line 1, column (d)	•	on line 2 by 5, or by the nu	mber of ye	ars	2 3	
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the	nce if less than 5 years		mber of ye	ars		
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitab	nce if less than 5 years		mber of ye	ars	3	
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the state foundation has been in exister	nce if less than 5 years ile-use assets for 2013 from Part X		mber of ye	ars	3	
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the state foundation has been in exister Enter the net value of noncharitab	nce if less than 5 years ile-use assets for 2013 from Part X		mber of ye	ars	3 4 5	
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the 3 the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3  Enter 1% of net investment income Add lines 5 and 6	nce if less than 5 years lile-use assets for 2013 from Part X ne (1% of Part I, line 27b)		mber of ye	ars	3 4 5 6	
2010 2009 2008  Total of line 1, column (d) Average distribution ratio for the street foundation has been in exister Enter the net value of noncharitabe Multiply line 4 by line 3  Enter 1% of net investment income Add lines 5 and 6  Enter qualifying distributions from	nce if less than 5 years lile-use assets for 2013 from Part X ne (1% of Part I, line 27b)	, line 5			3 4 5	

orm 99	00-PF (2013) CLIFTON FOUNDATION INC			-41485			Page 4
Part	VI Excise Tax Based on Investment Income (Section 4940(	a), 4940(b), 4940(e),	or 4948	- see ins	tru	ctior	1S)
1a Ex	empt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ente	r "N/A" on line 1.					
	ite of ruling or determination letter: (attach copy of letter if neces						_
<b>b</b> Do	mestic foundations that meet the section 4940(e) requirements in Part V, check here $\;\;\; ightarrow$ L	and enter 1%	1_				0.
	Part I, line 27b						
	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						•
	x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	rs enter -0-)	2				<u>0.</u>
	ld lines 1 and 2		3				0.
	obtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -0-)	4	<del> </del>			0.
	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		—		0.
	edits/Payments:	. 1					
		6a					
		6b	95.				
			95.				
		6d	─ .			4	0 E
	tal credits and payments. Add lines 6a through 6d		7			4	<u>95.</u>
	ter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ea	8	<del>                                     </del>			
	x due If the total of lines 5 and 8 is more than line 7, enter amount owed		9	+			95.
	rerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	495. Refunde	10	+			0.
	ter the amount of line 10 to be: Credited to 2014 estimated tax ►  VII-A Statements Regarding Activities	495. Refunde	d ▶ 11		—		<u> </u>
	iring the tax year, did the foundation attempt to influence any national, state, or local legislati	upp or did it portionate or inte	ryone in		Т	Yes	No
	y political campaign?	ion of the it participate of this	51 VG/16 111	<u> </u>	1a		<u>X</u>
	y political campaigh? d it spend more than \$100 during the year (either directly or indirectly) for political purposes	· (eas instructions for the daf	inition\2		1b		X
	the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and o				-		
	stributed by the foundation in connection with the activities	copies of arry materials pu	Distied Of				
	d the foundation file Form 1120-POL for this year?				1c		х
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye	oar.			<del>''</del>		
	On the foundation. > \$ 0. (2) On foundation managers.		0.				
	ter the reimbursement (if any) paid by the foundation during the year for political expenditur	· · · · · · · · · · · · · · · · · · ·					
	anagers. > \$ 0.	c tax imposed on roundation				j	
	is the foundation engaged in any activities that have not previously been reported to the IRS	?			2		X
	"Yes," attach a detailed description of the activities				_	$\neg$	
	is the foundation made any changes, not previously reported to the IRS, in its governing inst	trument, articles of incorpora	tion, or		l		
	laws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,	,		3	- 1	<u> </u>
	d the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	Yes," has it filed a tax return on Form 990-T for this year?		ı	N/A	4b		
	as there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	"Yes," attach the statement required by General Instruction T						
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	er:		İ			
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory d	lirections that conflict with th	e state law				
	main in the governing instrument?				6	Х	
	d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compi	lete Part II, col (c), and Pa	art XV		7	Х	
8a En	ter the states to which the foundation reports or with which it is registered (see instructions)	) ▶					
_	(Y						
b If t	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	rney General (or designate)					
of	each state as required by General Instruction G? If "No," attach explanation			_1	ВЬ	Х	
<b>9</b> Is	the foundation claiming status as a private operating foundation within the meaning of section	on 4942(j)(3) or 4942(j)(5) fo	or calendar			I	
yea	ar 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," con	nplete Part XIV		L	9		X
<b>10</b> Dig	d any persons become substantial contributors during the tax year? If "Yes," attach a schedule li	isting their names and addresses			10		X

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Part VII-B Statements Regarding Activities for Which I	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	n 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire	ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?	17 00001200 117 0001011	□ v <sub>é</sub>	es X No	
	or adjustional nurnosas, or f		.3 [22] 160	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		es X No	
the prevention of cruelty to children or animals?	dar the averations described i		יווו בבו פי	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		iii Regulations	37/3	.
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		. —	г <del></del>	
expenditure responsibility for the grant?		I/A	es L  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	pay premiums on	ļ <del></del> 1		
a personal benefit contract?		Ye	es 🗶 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u>                                     </u>	6b X
If "Yes" to 6b, file Form 8870.		,		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🔀 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	<b>y</b>	
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their		14 > 0	(al) 000000000000000000000000000000000000	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
LAURA LEE BROWN	PRESIDENT/DIR	ECTOR		
710 W MAIN STREET, 3RD FLOOR				
LOUISVILLE, KY 40202	5.00	0.	0.	0.
STEVEN WILSON	SECRETARY/DIR	ECTOR		
710 W MAIN STREET, 3RD FLOOR				
LOUISVILLE, KY 40202	5.00	0.	0.	0.
<del></del>	DIRECTOR			
710 W MAIN STREET, 3RD FLOOR				
LOUISVILLE, KY 40202	5.00	0.	0.	0.
	DIRECTOR			
710 W MAIN STREET, 3RD FLOOR	DIRECTOR			
LOUISVILLE, KY 40202	5.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc				<u></u>
	(b) Title, and average		(d) Contributions to	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	devoted to position		compensation	unowanico
1401415			1	
	1			
		<del> </del>	<del></del>	
· · · · · · · · · · · · · · · · · · ·				<del></del>
	1			
	-			
	<u>l</u>			
Total number of other employees paid over \$50,000	<del>-</del>			0
			Form '	<b>990-PF</b> (2013)

Total. Add lines 1 through 3

	m 990-PF (2013) CLIFTON FOUNDATION INC	40-4146510	raye o
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, 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	0.
b	Average of monthly cash balances		,655.
C	Fair market value of all other assets	1c 4,800	
d	Total (add lines 1a, b, and c)	1d 4,802	<u>,655.</u>
е	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 4,802	<u>,655.</u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,040.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 4,730	,615.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6 27	,863.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	id certain	
_	foreign organizations check here 🕨 🔙 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 27	,863.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 27	<u>,863.</u>
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 27	<u>,863.</u>
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 27	<u>,863.</u>
Р	art 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 94	,616.
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 94	,616.
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 94	,616.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	
	4940(e) reduction of tax in those years.		

### Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2012	2012	2013
Distributable amount for 2013 from Part XI, line 7				27,863.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:		0		
3 Excess distributions carryover, if any, to 2013:		0.		
<b>a</b> From 2008 <b>b</b> From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 94,616.		į		
a Applied to 2012, but not more than line 2a			0.	
<b>b</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.			07.062
d Applied to 2013 distributable amount	CC 753			27,863.
e Remaining amount distributed out of corpus	66,753.			0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	66,753.			
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 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2014				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 2008	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	66,753.			
10 Analysis of line 9:	00,733.			
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012			ļ	
e Excess from 2013 66,753.		· · · · · · · · · · · · · · · · · · ·		
				Form <b>990-PF</b> (2013)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y		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				
ALOHA FOUNDATION		PUBLIC	GENERAL FUND -	
2968 LAKE MOREY RD			UNRESTRICTED	
FAIRLEE , VT 05045		<u> </u>		100.
BOTANICA		PUBLIC	GENERAL FUND -	
BOX 5056		00010	UNRESTRICTED	
LOUISVILLE KY 40255				200.
CREATIVE CAPITAL		PUBLIC	GENERAL FUND -	
65 BLEEKER ST NEW YORK, NY 10012			UNRESTRICTED	25,000.
NEW TORK, NT 10012	-			23,000.
FORCE FILM FOUNDATION INC		PUBLIC	GENERAL FUND -	
430 E 10TH ST	}		UNRESTRICTED	
NEW YORK, NY 10009				25,000.
INTERNATIONAL FARM YOUTH EXCHANGE		PUBLIC	GENERAL FUND -	
29470 SAXON RD	İ		UNRESTRICTED	
TOULON, IL 61483	<u>J.,</u> .			1,000,
<del></del>	NTINUATION SHE	TT(S)	► 3a	94,600,
b Approved for future payment				
NONE				
1401415				
		<del>                                     </del>		
		<u> </u>		
Total			► 3b	0.

323611 10-10-13

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
·	(a) Business	( <b>b)</b> Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	711100111	code	Amount	Tanolion moonic	
a			_			
b	_					
c	_		-			
d	_	<del>.</del>				
e	_					
g Fees and contracts from government agencies	-	<del></del>				
Membership dues and assessments						
·			-			
3 Interest on savings and temporary cash investments						
Dividends and interest from securities						
					- 11 -	
5 Net rental income or (loss) from real estate:					<del></del> .	
Debt-financed property     Not debt-financed property	<del></del>					
	-				· · · · · · · · · · · · · · · · · · ·	
6 Net rental income or (loss) from personal						
property 7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory						
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:	-					
b	_					
			<del></del>			
de	- <del>                                    </del>					
2 Subtotal. Add columns (b), (d), and (e)		(	).	0.	(	
3 Total. Add line 12, columns (b), (d), and (e)			, , ,	13		
See worksheet in line 13 instructions to verify calculations.)	<b>\</b>					
	•	anliahmant af	Evamet D	LINDAGOG		
Part XVI-B Relationship of Activities	to the Accor	upusument of	Exempt P	urposes		
Line No Explain below how each activity for which in	come is reported in	column (e) of Part XV	I-A contributed	d importantly to the accomi	olishment of	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
ļ	
1	
i	
2221	
3621 )-10-13	Form <b>990-PF</b> (201

10121114 757962 011165

LOUISVILLE, KY 40205

Phone no. (502)459-8100

Part XV Supplementary Information	1 0 011,011, 2011			
3 Grants and Contributions Paid During the Ye		,		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
NEW LIGHT/CROWDRISE/GUIDESTAR 1730 PENNSYLVANIA AVE NW, 250 WASHINGTON, DC 20006	or substantial contributor	PUBLIC	GENERAL FUND - UNRESTRICTED	1,000.
PEOPLE FOR THE AMERICAN WAY 1101 15TH ST NW WASHINGTON, DC 20005		PUBLIC	GENERAL FUND - UNRESTRICTED	1,000,
SUSTAINABLE HEALTH ENTERPRISES 175 VARICK ST NEW YORK, NY 10014		PUBLIC	GENERAL FUND - UNRESTRICTED	10,000.
SWEET BRIAR COLLEGE BOX 1057 SWEET BRIAR, VA 24595		PUBLIC	GENERAL FUND - UNRESTRICTED	500.
UNITED STATES EQUESTRIAN FEDERATION 4047 IRON WORKS PKWY LEXINGTON, KY 40511		PUBLIC	GENERAL FUND - UNRESTRICTED	5,000.
WHITNEY MUSEUM OF AMERICAN ART 945 MADISON AVE NEW YORK, NY 10021		PUBLIC	GENERAL FUND - UNRESTRICTED	25,000,
WITNESS FOR PEACE 3229 MINNESOTA AVE DULUTH, MN 55802		PUBLIC	GENERAL FUND - UNRESTRICTED	500.
YEW DELL GARDENS BOX 1334 CRESTWOOD, KY 40014		PUBLIC	GENERAL FUND - UNRESTRICTED	300.
Total from continuation sheets				43,300.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BANK FEES NON DEDUCTIBLE DONATIONS	16. 75.		0.			16.
TO FORM 990-PF, PG 1, LN 23	91.		0.			16.
DESCRIPTION TRANSFER OF ASSETS FROM THE S			ND BA	LANCES	AMOUNT 3,693,1	64.
TOTAL TO FORM 990-PF, PART II				:	3,693,1	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	3
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKE VALUE	т
INVESTMENT-BBR EQUITY INVESTMENT-BBR ABSOLUTE		COST COST	2	779,417.	3,500,0 1,300,0	
TOTAL TO FORM 990-PF, PART II	, LINE 13	-	3	,593,164.	4,800,0	00.

# Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

, , ,	are filing for an Automatic 3-Month Extension,	•	•		•					
•	are filing for an Additional (Not Automatic) 3-N				•	- 0000				
	complete Part II unless you have already been	•		,	•					
a corpo 8868 to Return	nic filing (e-file). You can electronically file Formation required to file Form 990-T), or an additional request an extension of time to file any of the for Transfers Associated With Certain Personal Formation for the electronic filing of the el	nal (not auto forms listed al Benefit C	omatic) 3-month exte d in Part I or Part II Contracts, which mu	ension of time. You ca with the exception of ist be sent to the IF	an electronical f Form 8870, RS in paper f	lly file Form Information format (see				
Part I	Automatic 3-Month Extension of Tim	e. Only sul	omit original (no co	pies needed).						
A corpo	pration required to file Form 990-T and requirely			extension-check thi	s box and co	·				
	r corporations (including 1120-C filers), partners				uest an evtens	. ► □ sion of time				
	come tax returns	mps, riziviic	os, una trasts mast t	136 1 01111 1004 10 164	dest an extent	sion or thrie				
				Enter filer's identifyin	a number, see	instructions				
<b>T</b>	Name of exempt organization or other files see instructions Femological dentification of									
Type or print	CLIFTON FOUNDATION INC									
•	Number, street, and room or suite no. If a P.O. I	oox, see instri	uctions	Social security number	(SSN)					
File by the due date t	vithe									
filing your return Se	City, town or post office, state, and ZIP code. For a foreign address, see instructions									
instruction	LOUISVILLE, KY 40202									
Enter th	e Return code for the return that this application	is for (file a	separate application	for each return)		04				
Applic Is For	ation	Return Code	Application Is For			Return Code				
Form 9	90 or Form 990-EZ	01	Form 990-T (corpo	ration)		07				
Form 9		02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·						
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	90-PF	04	Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11				
Form 990-T (trust other than above)		06	Form 8870			12				
Telepi If the If this for the valist wr	h the names and EINs of all members the exten	KY 40202  Fousiness in bur digit Grofit is for parsion is for	ax No. ▶ the United States, cl up Exemption Numb t of the group, check	neck this box er (GEN) this box	. If th					
1 1	request an automatic 3-month (6 months for a central AUGUST 15 , 20 14 , to file the execution the organization's return for:  X calendar year 20 13 or	empt organi:	zation return for the (	organization named a	bove The ext					
2 i	► ☐ tax year beginning f the tax year entered in line 1 is for less than 12.	, 20	, and ending	d roturn [7] Final setting	, 20					
[	Change in accounting period				(1)					
	f this application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions.	90-T, 4720,	or 6069, enter the te	entative tax, less any	3a  \$	495				
	f this application is for Forms 990-PF, 990-T, estimated tax payments made Include any prior				3b \$					
c Ī	Balance due. Subtract line 3b from line 3a Inclu FTPS (Electronic Federal Tax Payment System)	de your pay	ment with this form,							
	(= (= contonio ) cociai rax i ayment oystem)	. Journaliu			3c  \$	495				

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

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ote. 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 instructions  Part II Name of exempt organization or other filer, see instructions    CLIFTON FOUNDATION INC	Form 8868 (Rev. 1-2014)					Page 2				
ote, Only complete Part II if you have already been granted an automate 3-month extension on a previously filled Form 8888   Part II if you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (Not Automatic) 3-Month Extension of Time. Only file the original (Not Automatic) 3-Month Extension of Part II (Not Automatic) 4-4-4148510.  Part II   Additional (Not Automatic) 3-Month Extension of Part II (Not Automatic) 3-Month Extension of Part II (Not Automatic) 3-Month Extension of Part II (Not Automatic) 3-Month Extension of Part II (Not Automatic) 3-Month Extension of Part II (Not Automatic) 3-Month Extension of Part II (Not Automatic) 3-Month Extension of II (Not Automatic) 3-Month Extension of II (Not Automatic) 3-Month Extension of II (Not Automatic) 3-Month Extension of II (Not Automatic) 3-Month Extension 3-Month Extension of II (Not Automatic) 3-Month Extension 3-Month Extension 3-Month Extension 3-Month Extension 3-Month Ex	·····	tension, c	complete only Part II and check this	s box						
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Second Second	If you are filing for an Automatic 3-Month Extension, comple	te only Pa	ırt I (on page 1)							
Name of exempt organization or other filer, see instructions    CLIFTON FOUNDATION INC	Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies ne	eded).				
LIFTON FOUNDATION INC  **CLIFTON FOUNDATION INC  **CLIFTON FOUNDATION INC  **Number, street, and room or suite no if a P O box, see instructions  **TO WEST MAIN ST - 3RD FLOOR**  **TO WEST MAIN ST - 3RD FLOOR**  **LOUISVILLE, KY 40202**  **Interest the Return code for the return that this application is for (file a separate application for each return)  **DOI TO WEST MAIN ST - 3RD FLOOR**  **LOUISVILLE, KY 40202**  **Interest the Return code for the return that this application is for (file a separate application for each return)  **DOI TO WEST MAIN ST - 3RD FLOOR**  **LOUISVILLE, KY 40202**  **Interest the Return code for the return that this application is for (file a separate application for each return)  **DOI TO WEST MAIN ST - 3RD FLOOR**  **Code ST - Code ST -			Enter filer's	ıdentifyır	ng number	see instructions				
CLIFTON FOUNDATION INC  with the final special security number (SSN)  Cfy, town or post office, state, and ZIP code. For a foreign address, see instructions  LOUISVILLE, KY 40202  Inter the Return code for the return that this application is for (file a separate application for each return)  Diagnosis of the feature of the file of the return that this application is for (file a separate application for each return)  Diagnosis of the feature of the file	Type or Name of exempt organization or other filer, see instru									
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MARY HAAS The books are in the care of \$\forall 1  for on the care of \$\forall 7 \text{ for other books are in the care of \$\forall 7 \text{ for other books are in the care of \$\forall 7 \text{ for other books are in the care of \$\forall 7 \text{ for other the product in the storal and activation does not have an office or place of business in the United States, check this box  If this sor a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for and other bear and other than personal is for CoMPILE THE NECESSARY INFORMATION  TOP TILE A COMPILET BAID ACCURATE RETURN.  Social security number (SSN)  Description of the security number (SSN)  The third security number (SSN)  Description and continues and co										
turn see   10 WEST MAIN ST - 3RD FLOOR	" Number, street, and foom of suite no if a P O box, see instructions				Social security number (SSN)					
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nter the Return code for the return that this application is for (file a separate application for each return)    D 4	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions							
pplication  For Code  Is For F	LOUISVILLE, KY 40202									
pplication  For Code  Is For F										
Series	nter the Return code for the return that this application is for (file	e a separa	te application for each return)		•	0 4				
Series		D. A.	La de de la companya de la companya de la companya de la companya de la companya de la companya de la companya		<del></del>					
orm 990 or Form 990-EZ orm 990-BL orm 990-BL orm 4720 (other than individual) 03 Form 4720 (other than individual) 03 Form 4720 (other than individual) 03 Form 990-FF 04 Form 5227 10 orm 990 T (trust other than above) 05 Form 6069 11 1 orm 990 T (trust other than above) 06 Form 6069 11 1 orm 990 T (trust other than above) 17 TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  MARY HAAS The books are in the care of ▶ 710 W MAIN ST → 3RD FLOOR → LOUISVILLE, KY 40202 Telephone No ▶ 502 − 882 − 6251 Fax No ▶  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 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 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 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 this box  If this is for a for the group, check this box In the article has the with the names and EINs of all members the extension is for 1 request an additional 3-month extension of time until NOVEMBER 15, 2014  For calendar year 2013, or other tax year beginning and ending if the tax year entered in line 5 is for less than 12 months, check reason X Initial return Final return  Change in accounting period  TaxPayEr ReQUIRES ADDITIONAL TIME TO COMPILE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.  But If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any proreyear overpayment 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.  Additional stream of the proper t	• •	ļ	1 ''							
orm 990-BL  OZ Form 1041-A  OB  ORM 4720 (individual)  O3 Form 4720 (other than individual)  O9  Orm 990-FP  O4 Form 5227  10  Orm 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  11  OFF 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  11  OFF 990-T (trust other than above)  O6 Form 8870  TOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  MARY HAAS  The books are in the care of ▶ 71.0 W MAIN ST → 3RD FLOOR → LOUISVILLE, KY 40.20.2  Telephone No ▶ 50.2 − 88.2 − 62.51  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 a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is for a Group Return, enter the organization of time until NOVEMBER 15, 2014  For calendar year 2013, or other tax year beginning  If the tax year entered in line 5 is for less than 12 months, check reason  X Initial return  Final return  Final return  TAXPAYER REQUIRES ADDITIONAL TIME TO COMPILE THE NECESSARY INFORMATION  TO FILE A COMPLETE AND ACCURATE RETURN.  By an ordinary of the organization is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  By an ordinary o			is For	or						
orm 4720 (individual)  orm 990-PF  04 Form 5227  10 orm 990-T (sec 401(a) or 408(a) trust)  orm 990-T (finst other than above)  05 Form 6069  11 orm 990-T (finst other than above)  06 Form 8870  12 orm 990-T (inst other than above)  10 Form 6069  11 orm 990-T (inst other than above)  10 Form 8870  11 orm 990-T (inst other than above)  11 orm 990-T (inst other than above)  12 orm 990-T (inst other than above)  13 orm 990-T (inst other than above)  14 orm 990-T (inst other than above)  15 Form 8868.  16 MARY HAAS  17 orm 90-T (inst other than above)  16 Form 8868.  17 or books are in the care of ▶ 71.0 W MAIN ST → 3RD FLOOR → LOUISVILLE, KY 40202  18 Form 890-B → 10 W MAIN ST → 3RD FLOOR → LOUISVILLE, KY 40202  19 Form 990-T (inst other part of the 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 this box ★ If this is for part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, check this box ★ If the store part of the group, and additional 3-month extension of time until NOVEMBER 15, 2014  To calendar year 2013, or other tax year beginning			Form 1041 A		OB					
orm 990-PF  Orm 990 T (sec 401(a) or 408(a) trust)  OS Form 6089  111  OTDP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8968.  MARY HAAS  The books are in the care of ▶ 710 W MATN ST − 3RD FLOOR − LOUISVILLE, KY 40202  Telephone No ▶ 502-882-6251  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 it is for part of the group, check this box ▶ ☐ and attach a list with the names and ElNs of all members the extension is for the request an additional 3-month extension of time until NOVEMBER 15, 2014  For calendar year 2013, or other tax year beginning  If the tax year entered in line 5 is for less than 12 months, check reason  TAXPAYER REQUIRES ADDITIONAL TIME TO COMPILE THE NECESSARY INFORMATION  TO FILE A COMPLETE AND ACCURATE RETURN.  3a If this application is for Forms 990-BL 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  B a \$ 0.  B alance 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.  A continuation of the policy o										
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