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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation LIFT A LIFE FOUNDATION INC C/O CORNERSTONE FAMILY OFFICE		A Employer identification number 61-1359337	
Number and street (or P O box number if mail is not delivered to street address) 5885 LANDERBROOK DR NO 300		B Telephone number (see instructions) (502) 290-3218	
City or town, state or province, country, and ZIP or foreign postal code MAYFIELD HEIGHTS, OH 44124		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 46,402,550		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	7,763,437			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	915,425	915,425		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,350,486			
	b Gross sales price for all assets on line 6a 31,706				
	7 Capital gain net income (from Part IV, line 2) . . .		1,350,486		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	10,029,348	2,265,911		
	13 Compensation of officers, directors, trustees, etc	100,000	0		0
	14 Other employee salaries and wages	41,667	0		0
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	27,780	0		0
	b Accounting fees (attach schedule)	41,339	0		0
	c Other professional fees (attach schedule)	254,209	189,471		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	72,114	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	10,912	0		0
	21 Travel, conferences, and meetings	26,905	0		0
	22 Printing and publications				
	23 Other expenses (attach schedule)	27,931	116		0
	24 Total operating and administrative expenses. Add lines 13 through 23	602,857	189,587		0
	25 Contributions, gifts, grants paid	4,812,668			4,812,668
	26 Total expenses and disbursements. Add lines 24 and 25	5,415,525	189,587		4,812,668
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	4,613,823			
	b Net investment income (if negative, enter -0-)		2,076,324		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	4,705,042	6,155,174	6,155,174
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	31,989,476	35,153,167	40,247,376
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	36,694,518	41,308,341	46,402,550	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	36,694,518	41,308,341	
	30	Total net assets or fund balances (see instructions)	36,694,518	41,308,341	
31	Total liabilities and net assets/fund balances (see instructions) . . .	36,694,518	41,308,341		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	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)	1 36,694,518
2	Enter amount from Part I, line 27a	2 4,613,823
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 41,308,341
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 41,308,341

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	MELLON			
b	MELLON			
c	CAPITAL GAINS DIVIDENDS	P		
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			461,251
b			857,529
c	31,706		31,706
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			461,251
b			857,529
c			31,706
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,350,486
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	7,102,997	33,946,844	0 209239
2012	4,239,950	28,194,885	0 150380
2011	4,181,191	18,344,738	0 227923
2010	1,888,945	13,178,560	0 143335
2009	1,866,505	7,328,194	0 254702

2	Total of line 1, column (d).	2	0 985579
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 197116
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	40,509,625
5	Multiply line 4 by line 3.	5	7,985,095
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	20,763
7	Add lines 5 and 6.	7	8,005,858
8	Enter qualifying distributions from Part XII, line 4.	8	4,812,668

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b

2

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-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5

Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-

6

Credits/Payments

6a

2014 estimated tax payments and 2013 overpayment credited to 2014

6b

Exempt foreign organizations—tax withheld at source

6c

Tax paid with application for extension of time to file (Form 8868)

6d

Backup withholding erroneously withheld

7

Total credits and payments Add lines 6a through 6d.

8

Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

11

Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded

57,500

41,526

0

41,526

0

41,526

57,500

15,974

0

Part 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 in any political campaign?

1b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?

1c

Did the foundation file Form 1120-POL for this year?

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?

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?

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4b

If "Yes," has it filed a tax return on Form 990-T for this year?

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

7

Did the foundation have at least \$5,000 in assets at any time during the year?

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)

8b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?

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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?

10

Did any persons become substantial contributors during the tax year?

Yes

No

No

No

No

No

No

Yes

Yes

No

No

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Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ WWW.LIFTALIFEFOUNDATION.ORG				
14	The books are in care of ▶ ASHLEY NOVAK BUTLER Telephone no ▶ (502) 290-3218 Located at ▶ 4350 BROWNSBORO ROAD SUITE 110 LOUISVILLE KY ZIP +4 ▶ 40207			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)?. ☐ Yes ☒ No (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). ☐ Yes ☒ No			
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. ▶ ☐			No
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 2014?. 1c			No
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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). 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2014 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	☐ Yes	☒ No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	☒		
c	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?	☐ Yes	☐ 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 premiums on a personal benefit contract?	☐ Yes	☒ No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID C NOVAK	DIRECTOR & PRESIDENT	0	0	0
11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	0 00			
WENDY L NOVAK	DIRECTOR,VP,SECRET,TREAS	0	0	0
11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	0 00			
SUSAN B NOVAK	DIRECTOR	0	0	0
17757 NORTH 97TH PLACE SCOTTSDALE, AZ 85255	0 00			
ASHLEY NOVAK BUTLER	DIRECTOR	100,000	0	0
3920 BROOKFIELD AVE LOUISVILLE, KY 40207	40 00			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	35,299,382
b	Average of monthly cash balances.	1b	5,827,141
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	41,126,523
e	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	41,126,523
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	616,898
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	40,509,625
6	Minimum investment return. Enter 5% of line 5.	6	2,025,481

Part 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	Minimum investment return from Part X, line 6.	1	2,025,481
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	41,526
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	41,526
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,983,955
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,983,955
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	1,983,955

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	4,812,668
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		
a	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	4,812,668
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	4,812,668
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			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,983,955
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.	1,501,095			
b From 2010.	1,232,095			
c From 2011.	3,271,537			
d From 2012.	2,844,657			
e From 2013.	5,442,489			
f Total of lines 3a through e.	14,291,873			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 4,812,668				
a Applied to 2013, 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			
d Applied to 2014 distributable amount.				1,983,955
e Remaining amount distributed out of corpus	2,828,713			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	17,120,586			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	1,501,095			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	15,619,491			
10 Analysis of line 9				
a Excess from 2010. . . .	1,232,095			
b Excess from 2011. . . .	3,271,537			
c Excess from 2012. . . .	2,844,657			
d Excess from 2013. . . .	5,442,489			
e Excess from 2014. . . .	2,828,713			

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2014	(b) 2013	(c) 2012	(d) 2011	
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 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 XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1Information Regarding Foundation Managers:

aList any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

bList any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

aThe name, address, and telephone number or email address of the person to whom applications should be addressed

bThe form in which applications should be submitted and information and materials they should include

cAny submission deadlines

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

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	4,812,668
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

DAVID C NOVAK
WENDY L NOVAK

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOB RUSSELL MINISTRIES PO BOX 43933 LOUISVILLE,KY 40253		PUBLIC	GENERAL	500,000
COMMUNITY FOUNDATION OF LOUISVILLE 325 WMAIN ST STE 1110 LOUISVILLE,KY 40202		PUBLIC	GENERAL	75,000
DARE TO CARE FOOD BANK 5803 FERN VALLEY ROAD LOUISVILLE,KY 40228		PUBLIC	HUNGER	450,000
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO,OK 74055		PUBLIC	MILITARY FAMILIES	650,500
JDRF 153 THIERMAN LANE LOUISVILLE,KY 40207		PUBLIC	JUVENILE DIABETES	107,500
KENTUCKY ASSOCIATION OF FOOD BANKS PO BOX 1824 BEREA,KY 40403		PUBLIC	GENERAL	10,000
LIFESONG FOR ORPHANS PO BOX 40 GRIDLEY,IL 61744		PUBLIC	GENERAL	50,000
LOUISVILLE WATERFRONT DEVELOPMENT CORP 129 EAST RIVER ROAD LOUISVILLE,KY 40202		PUBLIC	GENERAL	10,000
MARYHURST 1015 DORSEY LANE LOUISVILLE,KY 40223		PUBLIC	GENERAL	143,650
METRO UNITED WAY PO BOX 4488 LOUISVILLE,KY 40204		PUBLIC	EARLY CHILDHOOD	644,212
NORTON HEALTHCARE PO BOX 35070 LOUISVILLE,KY 40232		PUBLIC	GENERAL	25,000
STAGE ONE FAMILY THEATRE 323 W BROADWAY STE 600 LOUISVILLE,KY 40202		PUBLIC	GENERAL	275,000
UNIVERSITY OF LOUISVILLE FOUNDATION 580 S PRESTON ST LOUISVILLE,KY 40202		PUBLIC	GENERAL	40,375
USA TODAY CHARITABLE FOUNDATION 7950 JONES BRANCH DRIVE MCLEAN,VA 22108		PUBLIC	LEADERSHIP	730,015
VOLUNTEERS OF AMERICA 933 GOSS AVENUE LOUISVILLE,KY 40217		PUBLIC	GENERAL	100,000
Total			3a	4,812,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
WORLD FOOD PROGRAM USA 1819 L STREET NW 900 WASHINGTON,DC 20036		PUBLIC	HUNGER	330,914
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DRIVE LOUISVILLE,KY 40217		PUBLIC	GENERAL	25,000
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006		PUBLIC	GENERAL	25,000
CASA 982 EAST PARKWAY BOX 9 LOUISVILLE,KY 40217		PUBLIC	GENERAL	10,000
CENTER FOR COURAGEOUS KIDS 1501 BURNLEY ROAD SCOTTSVILLE,KY 42164		PUBLIC	GENERAL	25,000
CHILDREN'S DIABETES FOUNDATION 4380 S SYRACUSE STREET 430 DENVER,CO 80237		PUBLIC	JUVENILE DIABETES	10,000
CHRISTIAN ACADEMY FOUNDATION 700 S ENGLISH STATION RD LOUISVILLE,KY 40245		PUBLIC	GENERAL	28,961
CURE 430 WEST ERIE ST 210 CHICAGO,IL 60654		PUBLIC	GENERAL	10,000
LOST TREE CHAPEL 11149 TURTLE BEACH ROAD NORTH PALM BEACH,FL 33408		PUBLIC	GENERAL	5,000
KENTUCKY DERBY MUSEUM 704 CENTRAL AVE LOUISVILLE,KY 40208		PUBLIC	GENERAL	3,000
EVERGLADES FOUNDATION 18001 OLD CUTLER ROAD 625 PALMETTO BAY,FL 33157		PUBLIC	GENERAL	4,500
FEEDING AMERICA 5803 FERN VALLEY ROAD LOUISVILLE,KY 40232		PUBLIC	GENERAL	25,000
FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE,KY 40207		PUBLIC	GENERAL	26,726
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE,KY 40206		PUBLIC	GENERAL	12,500
JDRF 1450 CENTREPARK BLVD WEST PALM BEACH,FL 33401		PUBLIC	JUVENILE DIABETES	25,000
Total  3a				4,812,668

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEFFERSON COUNTY PUBLIC EDUCATION SYSTEM 3332 NEWBURG ROAD LOUISVILLE,KY 40218		PUBLIC	EARLY CHILDHOOD	100,000
JEFFERSON STREET BAPTIST CENTER 733 E JEFFERSON ST LOUISVILLE,KY 40202		PUBLIC	HUNGER	50,000
KENTUCKY SCIENCE CENTER 727 WEST MAIN STREET LOUISVILLE,KY 40202		PUBLIC	GENERAL	50,000
KLOTHE A KID PO BOX 103 BOSTON,KY 40107		PUBLIC	GENERAL	20,000
LIFEHOUSE MATERNITY 2710 RIEDLING DRIVE LOUISVILLE,KY 40206		PUBLIC	GENERAL	15,000
NETWORK CENTER FOR COMMUNITY CHANGE 334 E BROADWAY 3RD FLOOR LOUISVILLE,KY 40202		PUBLIC	HUNGER	10,000
NEW BREED CHURCH PO BOX 11817 LOUISVILLE,KY 40251		PUBLIC	GENERAL	30,000
NYU LANGONE MEDICAL CENTER 25 WEST FOURTH STREET NEWYORK,NY 10012		PUBLIC	GENERAL	10,000
PEACE EDUCATION PROGRAM 318 WEST KENTUCKY STREET LOUISVILLE,KY 40203		PUBLIC	GENERAL	53,315
GEORGETOWN UNIVERSITY PO BOX 0734 WASHINGTON,DC 20073		PUBLIC	GENERAL	10,000
SHIVELY AREA MINISTRIES 4415 DIXIE HIGHWAY LOUISVILLE,KY 40216		PUBLIC	GENERAL	15,000
ST BALDRICKS FOUNDATION 1333 S MAYFLOWER AVE 400 MONROVIA,CA 91016		PUBLIC	GENERAL	5,000
ST JOSEPH'S CHIDLREN'S HOME 2823 FRANKFORT AVE LOUISVILLE,KY 40206		PUBLIC	GENERAL	50,000
THE MICHELLE MCGANN FUND PO BOX 1592 WEST PALM BEACH,FL 33402		PUBLIC	JUVENILLE DIABETES	1,500
UNIVERSITY OF LOUISVILLE ATHLETIC ASSN 215 CENTRAL AVE 300 LOUISVILLE,KY 40208		PUBLIC	GENERAL	15,000
Total  3a				4,812,668

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2014
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Name of the organization LIFT A LIFE FOUNDATION INC C/O CORNERSTONE FAMILY OFFICE	Employer identification number 61-1359337
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization LIFT A LIFE FOUNDATION INC C/O CORNERSTONE FAMILY OFFICE	Employer identification number 61-1359337
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization LIFT A LIFE FOUNDATION INC C/O CORNERSTONE FAMILY OFFICE	Employer identification number 61-1359337
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Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	See Additional Data Table	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____

Name of organization LIFT A LIFE FOUNDATION INC C/O CORNERSTONE FAMILY OFFICE	Employer identification number 61-1359337
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Additional Data

Software ID:

Software Version:

EIN: 61-1359337

Name: LIFT A LIFE FOUNDATION INC
C/O CORNERSTONE FAMILY OFFICE

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ <u>500,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>2</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ <u>382,200</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>3</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ <u>1,336,818</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>4</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ <u>1,074,060</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>5</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ <u>171,040</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>6</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ <u>119,330</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ <u>147,648</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>8</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ <u>117,915</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>9</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ <u>154,050</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>10</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ <u>153,760</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>11</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ <u>108,120</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
<u>12</u>	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ <u>150,030</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 253,400	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
14	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 288,490	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
15	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 148,125	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
16	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 389,080	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
17	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 259,050	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
18	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 221,600	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 457,515	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
20	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 648,877	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
21	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 91,210	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
22	DAVID C WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 374,850	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
23	DAVID NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 159,894	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
24	DAVID NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	\$ 56,375	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	7,000 SHARES EBAY	\$ <u>382,200</u>	<u>2014-12-04</u>
<u>3</u>	11,500 SHARES APPLE INC	\$ <u>1,336,818</u>	<u>2014-12-04</u>
<u>4</u>	12,000 SHARES CVS HEALTH CORP	\$ <u>1,074,060</u>	<u>2014-12-04</u>
<u>5</u>	2,000 SHARES AUTOMATIC DATA PROC	\$ <u>171,040</u>	<u>2014-12-26</u>
<u>6</u>	2,000 SHARES BRISTOL-MYERS SQUIBB	\$ <u>119,330</u>	<u>2014-12-26</u>
<u>7</u>	3,500 SHARES CDK GLOBAL INC	\$ <u>147,648</u>	<u>2014-12-26</u>
<u>8</u>	3,000 SHS DONALDSON COMPANY	\$ <u>117,915</u>	<u>2014-12-26</u>
<u>9</u>	5,000 SHS EMC CORPORATION	\$ <u>154,050</u>	<u>2014-12-26</u>
<u>10</u>	2,000 SHS EQT CORPORATION	\$ <u>153,760</u>	<u>2014-12-26</u>
<u>11</u>	1,000 SHS GENUINE PARTS COMPANY	\$ <u>108,120</u>	<u>2014-12-26</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>12</u>	2,000 SHS HCA HOLDINGS	\$ <u>150,030</u>	<u>2014-12-26</u>
<u>13</u>	8,000 SHS HEALTHCARE SERVICES GROUP	\$ <u>253,400</u>	<u>2014-12-26</u>
<u>14</u>	6,800 SHS KINDER MORGAN INC	\$ <u>288,490</u>	<u>2014-12-26</u>
<u>15</u>	3,000 SHS NUCOR CORP	\$ <u>148,125</u>	<u>2014-12-26</u>
<u>16</u>	4,000 SHS PEPSICO	\$ <u>389,080</u>	<u>2014-12-26</u>
<u>17</u>	3,000 SHS TIME WARNER INC	\$ <u>259,050</u>	<u>2014-12-26</u>
<u>18</u>	4,000 SHS WELLS FARGO & CO	\$ <u>221,600</u>	<u>2014-12-26</u>
<u>19</u>	9,000 SHS YAHOO INC	\$ <u>457,515</u>	<u>2014-12-26</u>
<u>20</u>	26,868 61 SHS DREYFUS SELECT MGR	\$ <u>648,877</u>	<u>2014-12-26</u>
<u>21</u>	3,500 SHS POWERSHARES WATER RESOURCES	\$ <u>91,210</u>	<u>2014-12-26</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>22</u>	15,000 SHS FINANCIAL SECTOR SPDR	\$ <u>374,850</u>	<u>2014-12-26</u>

TY 2014 Accounting Fees Schedule**Name:** LIFT A LIFE FOUNDATION INC

C/O CORNERSTONE FAMILY OFFICE

EIN: 61-1359337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	41,339	0		0

TY 2014 Investments - Other Schedule

Name: LIFT A LIFE FOUNDATION INC

C/O CORNERSTONE FAMILY OFFICE

EIN: 61-1359337

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EQUITIES & FIXED INCOME	AT COST	35,153,167	40,247,376

TY 2014 Legal Fees Schedule

Name: LIFT A LIFE FOUNDATION INC
C/O CORNERSTONE FAMILY OFFICE
EIN: 61-1359337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	27,780	0		0

TY 2014 Other Expenses Schedule**Name:** LIFT A LIFE FOUNDATION INC

C/O CORNERSTONE FAMILY OFFICE

EIN: 61-1359337

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	116	116		0
MISCELLANEOUS	1,814	0		0
OFFICE SUPPLIES	1,297	0		0
PAYROLL EXPENSES	1,235	0		0
DUES	1,525	0		0
MARKETING	9,527	0		0
MEALS	9,624	0		0
INSURANCE	822	0		0
MEMBERSHIP	1,500	0		0
TELEPHONE	471	0		0

TY 2014 Other Professional Fees Schedule**Name:** LIFT A LIFE FOUNDATION INC

C/O CORNERSTONE FAMILY OFFICE

EIN: 61-1359337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES TO ADVISER	189,471	189,471		0
CONSULTING	64,738	0		0

TY 2014 Taxes Schedule**Name:** LIFT A LIFE FOUNDATION INC

C/O CORNERSTONE FAMILY OFFICE

EIN: 61-1359337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES PAID	61,142	0		0
ANNUAL FILING FEE	135	0		0
PAYROLL TAXES	10,837	0		0