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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

OMB No 1545-0052

DLN: 93491130009457

2016

ntern	ial Revei	nue Service		enter social security nur n about Form 990-PF an						Open to Public Inspection
or	caler	ıdar year 20	16, or tax yea	r beginning 01-01-20	016	, aı	nd er	nding 12-31-	2016	
LIF		ndation E FOUNDATION II ERSTONE FAMILY						A Employer Id 61-1359337	entification num	ber
		street (or P O bo		not delivered to street address)	Room/s	suite			mber (see ınstruct	ions)
City	or town	. state or province	e. country, and ZIP o	r foreign postal code				(502) 290-3218		
MAY	FIELD H	EIGHTS, OH 441	24					C If exemption	application is pend	ling, check here
i Cł	neck al	l that apply	☐ Initial return☐ Final return☐ Address chai	☐ Initial return of a☐ Amended return □ Name change	•	oublic charity		2. Foreign or	ganizations, check ganizations meetii k here and attach	ng the 85%
Ch	neck ty	pe of organizat	ion 🗹 Section	501(c)(3) exempt private	foundati	on			indation status wa n 507(b)(1)(A), ch	
	Section	4947(a)(1) no	nexempt charitab	le trust 🔲 Other taxable	e private	foundation				
of '	year <i>(f</i> .	et value of all a rom Part II, col \$ 39,723,852		J Accounting method Other (specify) (Part I, column (d) must	Cash		al		ition is in a 60-mo n 507(b)(1)(B), ch	
Pa	rt I	of amounts in c		Expenses (The total (d) may not necessarily ee instructions))		evenue and xpenses per books	(b)	Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, schedule)	gıfts, grants, etc	, received (attach		5,150,989				
	2		f the foundation is	s not required to attach						
	3	Sch B Interest on sa	vings and tempor	ary cash investments						
	4		interest from sec	•		883,716		883,716		
	5a	Gross rents						·		
	ь	Net rental inco	ome or (loss)							
<u>e</u>	6a	Net gain or (lo	ss) from sale of a	ssets not on line 10		853,019				
Revenue	ь	Gross sales pr	ice for all assets o							
Şe.	7	Capital dain ne	et income (from P	11,563 art IV line 2)				853,019		
	8		n capital gain	•				033,019		
	9	Income modifi								
	10a	Gross sales les	ss returns and allo	owances						
	ь	Less Cost of								
	С	Gross profit or	(loss) (attach scl	nedule)						
	11	Other income	(attach schedule)							
	12	Total. Add line	es 1 through 11			6,887,724		1,736,735		
	13	Compensation	of officers, direct	ors, trustees, etc		145,000		0		(
	14	Other employe	ee salaries and wa	ges		135,871		0		(
Š	15	Pension plans,	employee benefit	ts						
	16a	Legal fees (att	ach schedule) .		% J	29,319		0		(
Expenses	ь	Accounting fee	es (attach schedul	e)	% J	63,901		0		(
	С	Other professi	onal fees (attach	schedule)	% J	173,848		173,848		(
and Administrative	17	Interest			,					
ž	18	•	schedule) (see in:	·	% J	27,305		0		(
	19	Depreciation (attach schedule) a	and depletion						
5	20					18,946	_	0		(
2	21		ences, and meetir			32,237		0		(
	22				os-i	4F 100		151		,
Ĕ	23				9	45,199		151		
Operating	24	Add lines 13 th	_	trative expenses.		671,626		173,999		
2	25		gifts, grants paid			6,766,306	-	1/3,333		6,766,300
	26			ments. Add lines 24 and		2,. 20,200				3,7 30,300
		25	-5 4.14 41304130			7,437,932		173,999		6,766,300
	27		26 from line 12							
	a	Excess of rev	renue over expe ts	nses and		-550,208				
	ь			gative, enter -0-)				1,562,736		
	c	Adjusted net	income(if negati	ve, enter -0-)						

Cat No 11289X

Form **990-PF** (2016)

32,483,975

37,472,578

37,472,578

37,472,578

37,472,578

29,027,458

36,922,370

36,922,370

36,922,370

36,922,370

2 3

4

5

6

37,472,578

36,922,370

36,922,370 Form **990-PF** (2016)

-550,208

31,828,940

39,723,852

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

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

Analysis of Changes in Net Assets or Fund Balances

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts -

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

7

8

9

10a

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

h C

Assets

Capital Gains ar	id Losses for Tax on Invest	ment Income			
	(a) e kınd(s) of property sold (e g , re ouse, or common stock, 200 shs		(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 MELLON (ELECTRONIC ART	S CORRECTION)				
d CAPITAL GAINS DIVIDEND	S		Р		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or o	g) ther basıs nse of sale	Gain d	h) or (loss) i) minus (g)
a					-392,004
b					1,913,814
С					-680,354
d 11,	563				11,563
e					
Complete only for assets s	howing gain in column (h) and ow	ned by the foundation o	n 12/31/69		(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(I Excess of	k) of col (i) (j), if any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a					-392,004
b					1,913,814
С					-680,354
d					11,563
e					
	In or (loss) as defined in sections : I, line 8, column (c) (see instructi		}	3	853,019
Part V Qualification Un	ider Section 4940(e) for Re	educed Tax on Net I	Investment I	ncome	_
(For optional use by domestic private	vate foundations subject to the sec	ction 4940(a) tax on net	investment inco	me)	
If section 4940(d)(2) applies, leav	ve this part blank				
If "Yes," the foundation does not	section 4942 tax on the distributal qualify under section 4940(e) Do	not complete this part	·		es 🔽 No
	unt in each column for each year,	see instructions before i	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable		(d) Distribution rat (col (b) divided by d	col (c))
2015	8,388,031		43,402,396		0 193262
2014	4,812,668		40,509,625		0 118803
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
2 Total of line 1, column (d)			2		0 899607
number of years the founda	or the 5-year base period—divide bation has been in existence if less charitable-use assets for 2016 fron	than 5 years	or by the		<u>0 179921</u> 38,871,641
		•	5		6,993,825
• • •	t income (1% of Part I, line 27b)		6		15,627
			7		7,009,452
	ns from Part XII, line 4 ,		8		6,766,306
	ter than line 7, check the box in Pa			ing a 1% tax rate Se	
				F	orm 990-PF (2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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 rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ucea, etc	
1		
2		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during t	ne tax year on lines 1 and 2	Amount
1		
2		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		▶ 0
<u> </u>		Form 990-PF (2016)

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3b

4

5

6,766,306

6,766,306

6.766.306

Form 990-PF (2016)

Page 9

1.912.327

1.912.327

0-PF (2	2016)
XTTT	Un

Form 990 Part) idistributed Income (see instructions)

1 Distributable amount for 2016 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

b Total for prior years

From 2011. **b** From 2012.

Excess distributions carryover, if any, to 2016

c From 2013. . . . f Total of lines 3a through e.

d From 2014. e From 2015. 4 Qualifying distributions for 2016 from Part XII, line 4 > \$

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 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) 8 Excess distributions carryover from 2011 not

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

indicated below:

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))

c Treated as distributions out of corpus (Election required—see instructions).

2.844.657

5,442,489

2.828.713

6,239,729

4.853.979

3,271,537 2,844,657

5.442.489 2,828,713

6,239,729

4.853.979 25,481,104

3.271.537

22,209,567

20,627,125

(a)

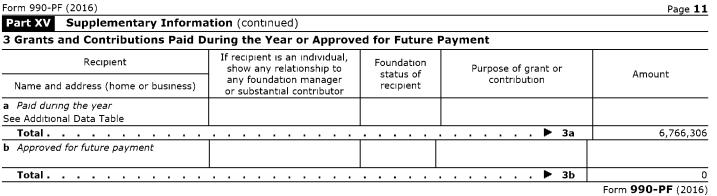
Corpus

(b)

Years prior to 2015

(c)

2015



er gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exem
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function incom (See instruction:
a						
g Fees a	and contracts from government agencies rship dues and assessments.					
ınvestr	st on savings and temporary cash ments					
	ds and interest from securities tal income or (loss) from real estate			14	883,716	
	financed property					
Not de	ebt-financed property					
Other in	nvestment income.					
	r (loss) from sales of assets other than					
	ory			18	853,019	
	profit or (loss) from sales of inventory					
	evenue a					
I						
!			0		1 726 725	
Subtota Fotal. A	al Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). neet in line 13 instructions to verify calculation	ns)		13	1,736,735	
Subtota Total. / worksh rt XVII	al Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). neet in line 13 instructions to verify calculationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	ons) IE Accomplish Income is reporte	ment of Exempted in column (e) of	ot Purposes Part XVI-A contribut	ed importantly to	
Subtota Fotal. / worksh rt XVII e No.	Al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which	ons) IE Accomplish Income is reporte	ment of Exempted in column (e) of	ot Purposes Part XVI-A contribut	ed importantly to	
Subtota Total. / worksh rt XVII	al Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). neet in line 13 instructions to verify calculationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	ons) IE Accomplish Income is reporte	ment of Exempted in column (e) of	ot Purposes Part XVI-A contribut	ed importantly to	
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Ш	alf YATI	Exempt Organ	izations											
1		ganization directly or i Code (other than secti									ion 501		Yes	No
а	Transfers	from the reporting fou	ndation to a n	oncha	ırıtable ex	empt organizat	tion	of						
	(1) Cash.											1a(1)		No
	(2) Other	rassets										1a(2)		No
b	Other tran	sactions												
	(1) Sales	of assets to a noncha	rıtable exemp	t orga	nization.							1b(1)		No
	(2) Purch	ases of assets from a	noncharitable	exem	pt organi	zation						1b(2)		No
	(3) Renta	al of facilities, equipme	ent, or other a	ssets.								1b(3)		No
	(4) Reim	bursement arrangeme	nts									1 b(4)		No
	(5) Loans	s or loan guarantees.										1b(5)		No
	(6) Perfor	mance of services or r	nembership o	r fund	raising so	licitations						1b(6)		No
С	Sharing of	facılıtıes, equipment,	mailing lists,	other	assets, or	paid employee	es.					1c		No
d		wer to any of the abov												
		ds, other assets, or se nsaction or sharing arr										е		
	m any crai	isaction or snaring arr	angement, on	O * * * * * * * * * * * * * * * * * * *	column (c	ay the value of		goods, other	4550	.5, 61 501 11005 1000				
(a)	Line No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Descripti	on of	transfers, transaction:	s, and shar	ıng arra	ngemen	its
							_							
							+							
							+							
							+							
							+							
							+							
							+							
							+							
							\top							
2 a	Is the four	ndation directly or indi	rectly affiliated	d with	, or relate	d to, one or m	ore t	ax-exempt o	rganı	zations				
	described	ın section 501(c) of th	e Code (other	than	section 50	01(c)(3)) or in	sect	on 527?			[Yes	✓ N	lo
b	If "Yes," c	omplete the following	schedule											
		(a) Name of organizat	ion		(b) Type of organı	zatio	n		(c) Descriptio	n of relatio	nship		
	1		7 July 11	L T !	<u></u>		•							h 1
		er penalties of perjury ly knowledge and belie												
Si		h preparer has any kr		,	,	p. 000 - 000 a. a.		. р. ора. с. (с						
		*****				2017-05-07		****	**		May the IF			
• • •								— <u>} </u>			with the p	·		
		Signature of officer or	trustee			Date		Title			(see ınstr)? 🗹 Y	es ⊔ N	ło
		Print/Type preparer	's name	Pren	arer's Sigi	nature		Date			PTIN			
		,, i , po preparer			c. 5 5191			Date		Check if self-		D001 E0		
		CORNERCTONE	A BATL V							employed 🕨 🗌		P00152	2568	
Pā	nid	CORNERSTONE F OFFICE LLC	AMILY											
Pr	eparer		RNERSTONE F	L ∆MTI∨	OFFICE	ıc		1						
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_ •			10NARCH CEN	TRE 3	00 5885 I	LANDERBROOK								
		_	R	-LIT-	OU 4411						Phone no	(440) 460-0	0460
		N	MAYFIELD HEIGHTS, OH 44124											

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

tha 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, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **ACTIVE HEROS PUBLIC GENERAL** 20,000 8701 OLD BARDSTOWN RD SUITE B LOUISVILLE, KY 40291 AMERICAN PRINTING HOUSE FOR THE **PUBLIC GENERAL** 20,000 BLIND INC 1839 FRANKFORT AVE LOUISVILLE, KY 40206 AMERICAN RED CROSS **PUBLIC** GENERAL 50,000 2025 E STREET NW WASHINGTON, DC 20006 **BOB RUSSELL MINISTRIES PUBLIC GENERAL** 500,000 PO BOX 43933 LOUISVILLE, KY 40253 **PUBLIC** BOTANICA INC 214 SEQUOYA RD GENERAL 49,259 LOUISVILLE, KY 40207 **PUBLIC BOYS AND GIRLS CLUB GENERAL** 50,000 3900 CRITTENDEN DR LOUISVILLE, KY 40209 **PUBLIC** CEDAR LAKE FOUNDATION **GENERAL** 50,000 9505 WILLIAMSBURG PLAZA STE 200 LOUISVILLE, KY 40222 CENTER FOR NONPROFIT EXCELLENCE **PUBLIC** GENERAL 10,000 323 W BROADWAY SUITE 501 LOUISVILLE, KY 40202 CHILDREN'S HOSPITAL FOUNDATION **PUBLIC GENERAL** 178,660 601 S FLOYD ST LOUISVILLE, KY 40202 **PUBLIC** CHRISTIAN ACADEMY OF LOUISVILLE **GENERAL** 100,000 **FOUNDATION** 700 S ENGLISH STATION RD LOUISVILLE, KY 40245 **PUBLIC GENERAL** COMMONWEALTH FUND FOR KET 50,000 560 COOPER DRIVE LEXINGTON, KY 40502 COMMUNITY FOUNDATION OF **PUBLIC** GENERAL 50,000 LOUISVILLE 325 W MAIN ST STE 1110 LOUISVILLE, KY 40202 **PUBLIC** DARE TO CARE FOOD BANK HUNGER 450,000 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228 **PUBLIC** DOWN SYNDROME OF KENTUCKY **GENERAL** 10,000 1050 CHINOE RD 204 LEXINGTON, KY 40502 ELS FOR AUTISM **PUBLIC GENERAL** 5,000 18370 LIMESTONE CREEK RD JUPITER, FL 33458

Total . 3a 6,766,306

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount			
, ,	or substantial contributor						
a Paid during the year							
FAMILY & CHILDREN'S PLACE 525 ZANE ST LOUISVILLE, KY 40203		PUBLIC	GENERAL	30,000			
FEEDING AMERICA 5803 FERN VALLEY ROAD LOUISVILLE, KY 40232		PUBLIC	GENERAL	50,000			
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055		PUBLIC	MILITARY FAMILIES	550,000			
FOUNDATION FOR IMPACT ON LITERACY & LEARNING PO BOX 8139 NEWARK, DE 19714		PUBLIC	GENERAL	658,422			
FUND FOR THE ARTS 623 W MAIN ST 200 LOUISVILLE, KY 40202		PUBLIC	GENERAL	25,000			
GILDA'S CLUB LOUISVILLE 633 BAXTER AVE LOUISVILLE, KY 40204		PUBLIC	GENERAL	25,000			
GLOBAL GAME CHANGERS 304 MOCKINGBIRD VALLEY RD LOUISVILLE, KY 40207		PUBLIC	GENERAL	25,000			
HAND IN HAND MINISTRIES 2225 STEIER LANE LOUISVILLE, KY 40218		PUBLIC	GENERAL	20,000			
HOME OF INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206		PUBLIC	GENERAL	15,000			
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA SUITE 320 ALEXANDRIA, VA 22314		PUBLIC	GENERAL	280,000			
HORSPARUS INC 3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 40205		PUBLIC	GENERAL	5,000			
JDRF 153 THIERMAN LANE LOUISVILLE, KY 40207		PUBLIC	JUVENILE DIABETES	100,000			
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION PO BOX 35368 LOUISVILLE, KY 40232		PUBLIC	GENERAL	102,500			
KELSEY'S BIG GIVE - CULPEPER UNITED METHODIST CHURCH 1233 OAKLAWN DRIVE CULPEPER, VA 22701		PUBLIC	GENERAL	100			
KENTUCKY ASSOCATION OF FOOD BANKS PO BOX 1824 BEREA, KY 40403		PUBLIC	GENERAL	50,000			
Total				6,766,306			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KENTUCKY DERBY MUSEUM **PUBLIC** GENERAL 5,000 704 CENTRAL AVE LOUISVILLE, KY 40208 KENTUCKY DIABETES CAMP FOR **PUBLIC GENERAL** 225,000 CHILDREN 1613 FOREST HILL DRIVE LOUISVILLE, KY 40205 KENTUCKY REFUGEE MINISTRIES **PUBLIC** GENERAL 16,667 969 CHEROKEE RD LOUISVILLE, KY 40204 KENTUCKY SCIENCE CENTER **PUBLIC** GENERAL 50,000 727 WEST MAIN STREET LOUISVILLE, KY 40202 LAWTON SALVATION ARMY **PUBLIC** GENERAL 25,000 228 E NEW CIRC RD LEXINGTON, KY 40505 LEADERSHIP LOUISVILLE **PUBLIC GENERAL** 50,000 732 W MAIN ST LOUISVILLE, KY 40202 LIFESONG FOR ORPHANS PO BOX 40 **PUBLIC** GENERAL 50,000 GRIDLEY, IL 61744 LINCOLN HERITAGE COUNCIL BSA **PUBLIC** GENERAL 36,000 12001 SYCAMORE STATION PL LOUISVILLE, KY 40299 1,000 LLS E-FUNDRAISING PUBLIC **GENERAL** 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573 LOUISVILLE CENTRAL COMMUNITY **PUBLIC GENERAL** 25,000 CENTER 1300 WEST MUHAMMAD ALI BLVD LOUISVILLE, KY 40203 LOUISVILLE ORCHESTRA **PUBLIC** GENERAL 20,000 323 W BROADWAY LOUISVILLE, KY 40202 LOVE THY NEIGHBOR **PUBLIC GENERAL** 25,025 6864 NW 25TH WAY FT LAUDERDALE, FL 33309 MARYHURST 1015 DORSEY LANE **PUBLIC GENERAL** 50,000 LOUISVILLE, KY 40223 METRO UNITED WAY PO BOX 4488 **PUBLIC** EARLY CHILDHOOD 509,442 LOUISVILLE, KY 40204 MICHELLE MCGANN FUND PO BOX 1592 **PUBLIC** GENERAL 10,000 WEST PALM BEACH, FL 33402 Total . 6,766,306

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Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		Í
a Paid during the year				
MISSION HOPE FOR KIDS 935 POPLAR TRCE ELIZABETHTOWN, KY 42701		PUBLIC	GENERAL	11,731
NEIGHBORHOOD HOUSE 201 N 25TH ST LOUISVILLE, KY 40212		PUBLIC	GENERAL	50,000
OUR MILITARY KIDS 6861 ELM ST SUITE 2A NCLEAN, VA 22101		PUBLIC	GENERAL	10,000
PADD FOOD BANK 1002 MEDICAL DRIVE PO BOX 588 MAYFIELD, KY 42066		PUBLIC	GENERAL	25,000
PEACE EDUCATION PROGRAM 318 WEST KENTUCKY STREET LOUISVILLE, KY 40203		PUBLIC	GENERAL	10,000
PETRINO FAMILY FOUNDATION 9700 PARK PLAZA AVE UNIT 208 LOUISVILLE, KY 40241		PRIVATE	GENERAL	5,000
PORTLAND NEIGHBORHOOD HOUSE 201 N 25TH ST LOUISVILLE, KY 40212		PUBLIC	GENERAL	100,000
R 15-20 MINISTRIES INC 4407 THOMPSON FARM BEDFORD, MA 01730		PUBLIC	GENERAL	50,000
SEVEN COUNTIES 101 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40202		PUBLIC	GENERAL	10,000
SHINNECOCK HILLS EDUCATION FUND 200 TUCKAHOE RD SOUTHAMPTON, NY 11968		PUBLIC	GENERAL	10,000
SHIVELY AREA MINISTRIES 4415 DIXIE HIGHWAY LOUISVILLE, KY 40216		PUBLIC	GENERAL	7,500
SKILLZ 4 LIFE 3814 GREENWICH RD LOUISVILLE, KY 40218	!	PUBLIC	GENERAL	30,000
SMOKETOWN FAMILY WELLNESS CENTER PO BOX 4692 LOUISVILLE, KY 40204		PUBLIC	GENERAL	50,000
ST VINCENT DE PAUL SOCIETY 1015-C SOUTH PRESTON STREET LOUISVILLE, KY 40203		PUBLIC	GENERAL	10,000
STAGE ONE FAMILY THEATRE 323 W BROADWAY STE 600 LOUISVILLE, KY 40202		PUBLIC	GENERAL	28,000
Total				6,766,306

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	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
SUNRISE CHILDREN SERVICES 300 HOPE ST PO BOX 1429 MT WASHINGTON, KY 40047		PUBLIC	GENERAL	40,000			
THE HEALING PLACE 1020 W MARKET ST LOUISVILLE, KY 40202		PUBLIC	GENERAL	25,000			
THE ROGER & ROSEMARY ENRICO FOUNDATION 3831 TURTLE CREEK BLVD APT 23B DALLAS, TX 75219		PRIVATE	GENERAL	25,000			
UNIVERSITY OF LOUISVILLE 2301 S 3RD ST LOUISVILLE, KY 40292		PUBLIC	GENERAL	10,000			
UNIVERSITY OF MISSOURI FOUNDATION 407 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211		PUBLIC	GENERAL	462,000			
UPSIDE THERAPEUTIC RIDING 250 KENWOOD HILL RD LOUISVILLE, KY 40214		PUBLIC	GENERAL	15,000			
WE DAY KENTUCKY - COMMUNITY FOUNDATION OF LOUISVILLE 325 WEST MAIN STREET SUITE 1110 LOUISVILLE, KY 40202		PUBLIC	GENERAL	25,000			
WEILL CORNELL MEDICINE 1300 YORK AVENUE NEW YORK, NY 10065		PUBLIC	GENERAL	35,000			
WEST END SCHOOL 3628 VIRGINIA AVE LOUISVILLE, KY 40211		PUBLIC	GENERAL	35,000			
WORLD FOOD PROGRAM USA 1819 L STREET NW 900 WASHINGTON, DC 20036		PUBLIC	HUNGER	1,000,000			
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217		PUBLIC	GENERAL	50,000			
YOUTH ALERT (WAR AGAINST VIOLENCE CORPORATION) 2711 BARBADOS LANE LEXINGTON, KY 40509		PUBLIC	GENERAL	10,000			
Total				6,766,306			

efile GRAPHIC print - DO NOT PROCES	S As Filed D	ata -	D	LN: 93491130009457						
TY 2016 Accounting Fees Schedule										
Name: LIFT A LIFE FOUNDATION INC										
	C/O COR	NERSTONE FAMILY	OFFICE							
EI	N: 61-1359	337								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes						
PROFESSIONAL FEES	63,901	0		0						

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491130009457					
TV 2016 Investments Other	Saha dula							
TY 2016 Investments - Other Schedule								
Name:	LIFT A LIFE FOUN	NDATION INC						
	C/O CORNERSTO	NE FAMILY OFFICE						

EIN: 61-1			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EQUITIES & FIXED INCOME	AT COST	29,027,458	31,828,940

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491130009457
TY 2016 Legal Fees Sched	ule	_		
_				
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	29,319	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491130009457	
TY 2016 Other Expenses Schedule					
Name:	LIFT A LIFE FOL	JNDATION INC			
	C/O CORNERSTONE FAMILY OFFICE				
EIN:	EIN: 61-1359337				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BANK CHARGES	151	151		0	
MISCELLANEOUS	1,644	0		0	
OFFICE SUPPLIES	1,603	0		0	

2,329

1,399

2,306

7,258

26,500

1,069

550

0

0

0

0

0

0

PAYROLL EXPENSES

DUES

MEALS

MARKETING

INSURANCE

MEMBERSHIP

TELEPHONE

•		t and the second		
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	Books			Purposes

390

Other Expenses Schedule

CONFERENCES & TRAINING

efile GRAPHIC print - DO NOT PROG	CESS As Filed Data	-	DL	N: 93491130009457
TY 2016 Other Profession	nal Fees Schedu	ile		_
N	ame: LIFT A LIFE	FOUNDATION INC		
		RSTONE FAMILY O		
	•		ITICL	
EIN: 61-1359337				
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes				
MANAGEMENT FEES TO ADVISER	173,848	173,848		0

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491130009457		
TY 2016 Taxes Schedule	TY 2016 Taxes Schedule					
Na	me: ITFT A LIFF	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	7,000	0		0		
ANNUAL FILING FEE	150	0		0		
PAYROLL TAXES	20,140	0		0		
STATE TAXES PAID	15	0		0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491130009457				
Schedule B (Form 990, 990-EZ,	Schedul	e of Contributors		OMB No 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	990-PF) partment of the Treasury ▶ Attach to Form 990, 990-EZ, or 990-PF partment of the Treasury ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at		2016	
Name of the organizat LIFT A LIFE FOUNDATION			Employer id	lentification number
C/O CORNERSTONE FAM			61-1359337	
Organization type (che	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) org	janization		
	4947(a)(1) nonexempt charit	able trust not treated as a private	e foundation	
	☐ 527 political organization			
Form 990-PF	☑ 501(c)(3) exempt private four	ndation		
	4947(a)(1) nonexempt charit	able trust treated as a private fou	ndation	
501(c)(3) taxable private foundation				
141	ation filing Form 990, 990-EZ, or 990-PF r property) from any one contributor. Coi		•	•
Special Rules				
under sections to under sections to under sections to under sections a	tion described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that check by one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1 Compl	ked Schedule A (Form 990 or 990 contributions of the greater of (1)	0-EZ), Part II, line 13,	16a, or 16b, and that
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 lf 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)				
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2016)

Schedule B (For	m 990, 990-EZ, or 990-PF) (2016)		Page 2
Name of organi LIFT A LIFE FOUN		Employer identification 61-1359337	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID C AND WENDY L NOVAK 11658 TURTLE BEACH RD	<u>\$ 4,000,000</u>	Person Payroll Noncash
	NORTH PALM BEACH, FL33408		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID C AND WENDY L NOVAK 11658 TURTLE BEACH RD NORTH PALM BEACH, FL33408	\$ 1,150,989	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>s</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
	<u> </u>	Sahadula B (E	orm 990, 990-E7, or 990-PE) (2016)

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organiz		Employer identi	fication number
C/O CORNERSTON		61-13	59337
Part II	Noncash Property		_
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	13,800 SH ELECTRONIC ARTS INC (EA)	\$ 1,150 989	2016-09-07
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat LIFT A LIFE FOUNDA C/O CORNERSTONE	TION INC		Employer identification number 61-1359337
than \$1, organiz the year	,000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, charit ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) 1 dipose of gift	(o) osc or gill	(a) Besonption of now gire is field
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	lRelationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
			chedule B (Form 990, 990-EZ, or 990-PF) (2016)