


**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Clifton Cultural Center, Inc.

**Executive Summary of Request:**  
Grant to the Clifton Center to cover costs of producing the Live at the Clifton Center concerts, including artists fees, marketing and production costs.

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

9                                            \$5,000                      September 23, 2015  
 District #                      Council Member Signature                      Amount                      Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

n/a

**Approved by:**

\_\_\_\_\_ Date \_\_\_\_\_  
 Appropriations Committee Chairman

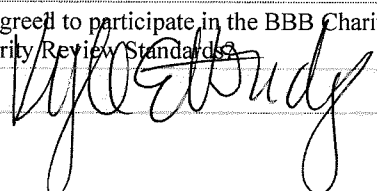
**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
 Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

**Legal Name of Applicant Organization:** Clifton Cultural Center, Inc.

**Program Name and Request Amount:** Live at the Clifton Center Concerts

|  | Yes/No/NA                    |
|--|------------------------------|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?  | <input type="checkbox"/> Yes |
| Is the funding proposed by Council Member(s) less than or equal to the request amount?   | <input type="checkbox"/> Yes |
| Is the proposed public purpose of the program viable and well-documented?  | <input type="checkbox"/> Yes |
| Will all of the funding go to programs specific to Louisville/Jefferson County?  | <input type="checkbox"/> Yes |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?  | <input type="checkbox"/> Yes |
| Has prior Metro Funds committed/granted been disclosed?  | <input type="checkbox"/> Yes |
| Is the application properly signed and dated by authorized signatory?  | <input type="checkbox"/> Yes |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?  | <input type="checkbox"/> Yes |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?   | <input type="checkbox"/> N/A |
| Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State?</li> <li>• Louisville Metro Revenue Commission?</li> <li>• Louisville Metro Government?</li> <li>• Internal Revenue Service?</li> <li>• Louisville Metro Human Relations Commission?</li> </ul> | <input type="checkbox"/> Yes |
| Is the current Fiscal Year Budget included?  | <input type="checkbox"/> Yes |
| Is the entity's board member list (with term length/term limits) included?   | <input type="checkbox"/> Yes |
| Is recommended funding less than 33% of total agency operating budget?   | <input type="checkbox"/> Yes |
| Does the application budget reflect only the revenue and expenses of the project/program?  | <input type="checkbox"/> Yes |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?   | <input type="checkbox"/> N/A |
| Is the most recent annual audit (if required by organization) included?  | <input type="checkbox"/> Yes |
| Is a copy of Signed Lease (if rent costs are requested) included?  | <input type="checkbox"/> N/A |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?   | <input type="checkbox"/> N/A |
| Are the Articles of Incorporation of the Agency included?  | <input type="checkbox"/> Yes |
| Is the IRS Form W-9 included?  | <input type="checkbox"/> Yes |
| Is the IRS Form 990 included?  | <input type="checkbox"/> Yes |
| Are the evaluation forms (if program participants are given evaluation forms) included?  | <input type="checkbox"/> N/A |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?  | <input type="checkbox"/> N/A |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?   | <input type="checkbox"/> No  |
| Prepared by:    | Date: 09/23/15               |



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

| SECTION 1 – APPLICANT INFORMATION  |                                    |  |                            |
|--|------------------------------------|--|----------------------------|
| Legal Name of Applicant Organization:  |                                    | <b>Clifton Cultural Center, Inc.</b>   |                            |
| <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>   |                                    |  |                            |
| Main Office Street & Mailing Address: 2117 Payne Street, Louisville, KY 40206  |                                    |  |                            |
| Website: <a href="http://www.CliftonCenter.org">www.CliftonCenter.org</a>  |                                    |  |                            |
| Applicant Contact:   | Kristen Tidwell                    | Title:   | Development Director       |
| Phone:   | (502) 896-8480, ext. 303           | Email:   | ktidwell@cliftoncenter.org |
| Financial Contact:   | Lyda Howard                        | Title:   | Bookkeeper                 |
| Phone:   | (502) 896-8480, ext. 302           | Email:   | lhoward@cliftoncenter.org  |
| Organization's Representative who attended NDF Training: Kristen Tidwell   |                                    |  |                            |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED   |                                    |  |                            |
| Program Facility Location(s):  | Clifton Center - 2117 Payne Street |  |                            |
| Council District(s):   | 9                                  | Zip Code(s):   | 40206                      |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION  |                                    |  |                            |
| PROGRAM/PROJECT NAME: Live at the Clifton Center   |                                    |  |                            |
| Total Request: (\$)  | 5,000                              | Total Metro Award (this program) in previous year: (\$)  | 2,900                      |
| Purpose of Request (check all that apply):   |                                    |  |                            |
| <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)   |                                    |  |                            |
| <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals  |                                    |  |                            |
| <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)  |                                    |  |                            |
| The Following are Required Attachments:  |                                    |  |                            |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br><input checked="" type="checkbox"/> Current Year Projected Budget<br><input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation<br><input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense |                                    | <input type="checkbox"/> Signed lease if rent costs are being requested<br><input checked="" type="checkbox"/> IRS Form W9<br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input checked="" type="checkbox"/> Annual audit (if required by organization)<br><input type="checkbox"/> Faith Based Organization Certification Form, if required<br><input checked="" type="checkbox"/> Staff including the 3 highest paid staff |                            |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.   |                                    |  |                            |
| Source:  | Louisville Metro - EAF             | Amount: (\$)   | \$10,000                   |
| Source:  |                                    | Amount: (\$)   |                            |
| Source:  |                                    | Amount: (\$)   |                            |
| Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |  |                            |
| Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                    |  |                            |



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

Housed in an historic building that once was as a school, the Clifton Center serves the community primarily by presenting quality cultural programming. Launched in 2010, the Clifton Center presents Live at the Clifton Center, which is an annual series of diverse and unique programming that is becoming an integral part of the cultural life of Louisville. While also serving as a unique rental facility, the Clifton Center is a vibrant center that presents acclaimed musicians, award-winning films, arts education programs, and a variety of other cultural offerings of the highest quality that enrich the Louisville community. Boasting the beautiful 500-seat Eifler Theater, as well as a variety of other studio and meeting spaces, the Clifton Center has become a treasured performance venue and gathering place for the greater Louisville community. It is estimated that a minimum of 50,000 people come to the Clifton Center each year for wedding celebrations, art classes, dance classes, concerts, meetings, and other community events.

The Clifton Center was founded in 1995 with the purpose of serving as an affordable rental facility for community events including music and theater productions, weddings, meeting, and other gatherings. In 2010 the Clifton Center expanded its mission to include arts presenting and adopted its current mission "... to serve as a gathering place for art, culture, and ideas that enrich our community."

In its role as a rental facility, the Clifton Center regularly provides local nonprofits with deeply discounted, or often free, rental space which makes possible the important work of the worthy organizations that benefit the greater community. Community organizations that use the Clifton Center include the Coalition for the Homeless, Seven Counties, Phoenix Health Service, Family Health Centers, Colon Cancer Prevention Project, Family & Children's Place, the Sierra Club, Veterans Affairs of Louisville, Volunteers of America, Center for Nonprofit Excellence, and the Louisville Folk School, among many others.

In its more recent role as arts presenter, the Clifton Center has deepened its impact on the community by providing cultural and educational opportunities that reach a broad audience representative of Louisville's rich diversity. The Clifton Center believes that the arts are a powerful tool for uniting people and creating strong, vibrant, and healthy communities. The Center adheres to the philosophy that by learning to appreciate our own cultural traditions and, just as importantly, developing an understanding of the cultural traditions of others, we are able to create a greater level of understanding while eliminating destructive barriers that separate us. In support of that goal, the Clifton Center uses its presentations of music from around the world as a starting point for bringing together diverse groups of people. By creating programming that includes a variety of events, like free community gatherings, ethnic dinners, film screenings, hands-on art activities for kids, and, of course, concerts, members of our community are able to interact with the art, culture, and the people of a particular tradition on many levels, creating a deeper and richer experience for all. In addition, the Clifton Center has ongoing partnerships with Field Elementary School and the University of Louisville School of Music, where Clifton Center artists regularly perform concerts and lead master classes for areas students. The Clifton Center strives to make the quality art experiences that it offers accessible to those young and old who may have limited access to such opportunities by providing free tickets to particularly underserved groups.

The Center has also served a key role in the economic renaissance of the Clifton neighborhood. The Center has helped revitalize the Frankfort Avenue corridor that is now among the most vital business districts in Louisville. A hub of activity, the Clifton Center draws thousands of people each year to the many restaurants, bars, art galleries and retail stores that surround the Center.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

The Clifton Center requests funds for Live at the Clifton Center, an eclectic concert series featuring outstanding artists from around the world and right here at home. Launched four years ago, Live at the Clifton Center fills a niche in the Louisville cultural scene by providing opportunities to experience performances by some of the world's most renowned bluegrass, jazz, blues, traditional, and world music artists. The 2015-2016 Live at the Clifton Center series runs from September through May and will include appearances by legendary bluegrass band Hot Rize; virtuosic Brazilian choro musicians Trio Brasileiro; Latin rhythms of Cumbia All Stars; Louisville's own Appalatin; guitar genius Roland Dyens; favorite American singer-songwriter Loudon Wainwright III with Louisville's Joan Shelley; NEA Jazz Master Dave Liebman; Grammy nominee jazz vocalist Tierney Sutton; True Blues with Eric Bibb and Corey Harris; American songster and co-founder of the Carolina Chocolate Drops Dom Flemons; the SFJAZZ Collective playing the music of Michael Jackson; and the great fingerstyle guitarist Leo Kottke. The Clifton Center also collaborates with WFPK to present the free four-part Winter Wednesday concert series held at the Center from November through February.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Funding will be spent to cover costs of producing the Live at the Clifton Center concerts, including artists fees, marketing, and production costs.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

N/A

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Live at the Clifton Center is intended to appeal to and benefit the general public. The series provides the public with the opportunity to explore and discover the richness of various cultural traditions from around the world and from this country.

The Clifton Center evaluates the success of the series based on attendance at all events, as well as feedback from audience members, staff, Board members, and participating artists.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

Partnerships are an important component of the Clifton Center's efforts to serve the community and have become one of the Center's strategies for success. The Clifton Center has a close partnership with Field Elementary School where the Center regularly arranges in-school performances and demonstrations by visiting artists. This season, Cumbia All Stars, Trio Braslieiro, Eric Bibb, and others will perform for students at Field. The Center also has a good relationship with the University of Louisville School of Music and partners with the Community Music Program to offer music instruction to children and adults at the Clifton Center. In addition, the Center regularly arranges master classes conducted by Clifton Center visiting artists specifically for students at the UofL School of Music. For instance, NEA Jazz Master Dave Liebman will work with students from the Jazz Studies Program during his visit this fall. The Center has a key partnership with Louisville Public media and continues the cold-weather version of LPM's popular "Waterfront Wednesdays," at the Clifton Center again this season. The Clifton Center has also recently become the permanent home to the Louisville Folk School, which has prompted a fruitful partnership. The Center and the Folk School have collaborated on programming and, in addition, Folk School students have become new audience members of Live at the Clifton Center concerts. The Louisville Visual Art Association is another key partner with the Clifton Center. Since establishing two permanent studio spaces at the Center, the Louisville Visual Art Association holds art classes for adults and children at the Clifton Center. The classes bring hundreds of aspiring artists into our facility, and allows the Center to meet its goal of expanding arts opportunities for members of our community. The Center also has a close partnership with the Coalition for the Homeless, working together on the annual Give-A-Jam, an evening of music and food held at the Center that raises money for homelessness.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

| Program/Project Expenses  | Column 1             | Column 2        | Column (1+2)=3 |
|---|----------------------|-----------------|----------------|
|   | Proposed Metro Funds | Non-Metro Funds | Total Funds    |
| <b>A: Personnel Costs Including Benefits</b>                    |                      |                 |                |
| <b>B: Rent/Utilities</b>  |                      | 71,000          | 71,000         |
| <b>C: Office Supplies</b>                                       |                      |                 |                |
| <b>D: Telephone</b>   |                      |                 |                |
| <b>E: In-town Travel</b>  |                      |                 |                |
| <b>F: Client Assistance (Attach Detailed List)</b>              |                      |                 |                |
| <b>G: Professional Service Contracts</b>                        |                      |                 |                |
| <b>H: Program Materials</b>                                     |                      |                 |                |
| <b>I: Community Events &amp; Festivals (Attach Detail List)</b> | 5,000                | 53,730          | 58,730         |
| <b>J: Small Equipment</b>                                       |                      |                 |                |
| <b>K: Capital Equipment</b>                                     |                      |                 |                |
| <b>L: Other Expenses (Attach Detail List)</b>                   |                      |                 |                |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                             | 5,000                | 124,730         | 129,730        |
| <i>Total Program Budget</i>                                     | 4 %                  | 96 %            | 100%           |

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

|   |         |
|---|---------|
| Other State, Federal or Local Government                      | 38,547  |
| United Way  |         |
| Private Contributions (do not include individual donor names) | 48,000  |
| Fees Collected from Program Participants                      | 38,183  |
| Other (please specify)  |         |
| <i>Total Revenue for Column 2 Expenses</i>                    | 124,730 |

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

| Donor*/Type of Contribution   | Value of Contribution | Method of Valuation   |
|---|-----------------------|---|
| Volunteers  | \$5,579.28            | 252 volunteer hours x \$22.14                               |
|   |                       | \$22.14 is the per hour according to the Independent Sector |
|   |                       |   |
|   |                       |   |
| <i>Total Value of In-Kind<br/>(to match Program Budget Line Item.<br/>Volunteer Contribution &amp; Other In Kind)</i> |                       |   |

\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: October 1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

#### Standard Certifications

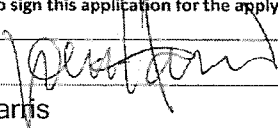
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

N/A

### SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

|                                  |                |   |     |        |                           |
|----------------------------------|----------------|---|-----|--------|---------------------------|
| Signature of Legal Signatory:    |                |  |     | Date:  | 9/23/2015                 |
| Legal Signatory: (please print): |                | John Harris   |     | Title: | Executive Director        |
| Phone:                           | (502) 896-8480 | Extension:  | 301 | Email: | jharris@cliftoncenter.org |

Clifton Center  
Detailed Break-Down of "Community Events and Festivals" in Budget

| <b>Program Expenses</b>       | <b>Metro Funds</b> | <b>Non-Metro Funds</b> | <b>TOTAL</b>  |
|-------------------------------|--------------------|------------------------|---------------|
| Artist Fees                   | 5,000              | 26,730                 | 31,730        |
| Sound/Tech                    |                    | 12,000                 | 12,000        |
| Marketing & PR                |                    | 15,000                 | 15,000        |
| <b>Total Program Expenses</b> | <b>\$ 5,000</b>    | <b>53,730</b>          | <b>58,730</b> |

Program expenses related to the 2015-2016 Live at the Clifton Center  
September 2015 - May 2016



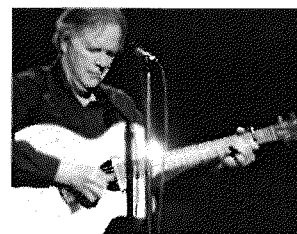
## 2015-2016 LIVE AT THE CLIFTON CENTER – SERIES PREVIEW

### CLIFTON CENTER HEADLINERS



Bluegrass Royalty  
Hot Rize- September 18

American Troubadour  
Loudon Wainwright III with  
Joan Shelley- October 14



Legendary Guitarist  
Leo Kottke – April 29

### AMERICAN ROOTS & BLUES

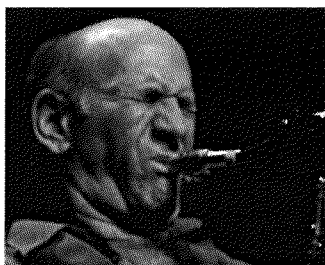


Top of the line bluesmen  
Eric Bibb and Corey Harris –February 4

From the Carolina Chocolate Drops  
Dom Flemons Trio - March 3



### JAZZ AT THE CLIFTON CENTER



NEA Jazz Master  
Dave Liebman – October 21



Jazz Singer  
Tierney Sutton – January 8



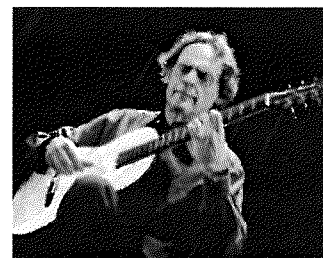
Music of Michael Jackson performed by  
SFJAZZ Collective – April 6

### GLOBAL RHYTHMS



Latin rhythms of  
Cumbia All Stars – September 27

Choro and Samba from Brazil-  
Trio Brasileiro – September 27



Genius of the Guitar  
Roland Dyens - October 1

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR P. O.  
BOX 2508 CINCINNATI, OH  
45201

Date: OCT 11 1995J

CLIFTON CULTURAL INC.  
CENTER, 2119 PAYNE ST.  
LOUISVILLE, KY 40206

Employer Identification Number:

Case Number:  
315194018

Contact Person:  
ZENIA LUK Contact

Telephone Number:  
(513) 684-3578

Accounting Period Ending:  
June 30 Form

990 Required:  
Yes Addendum

Applies:  
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

Donors may deduct contributions to you as provided in section 170 of the Letter 947 (DO/CG)

-2-CLIFTON

CULTURAL CENTER, INC.

Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Letter 947 (DO/CG)

CLIFTON CULTURAL CENTER, INC.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



C. Ashley Bulmer District  
Director

Enclosure(s): Addendum

Clifton Cultural Center, Inc  
FY2015 Budget

| <b>INCOME</b>                   |                  |
|---------------------------------|------------------|
| <b>Contributed Income</b>       |                  |
| Grants-Foundation               | \$54,500         |
| Grants-Government               | \$32,528         |
| Corporate Sponsorship           | \$83,300         |
| Membership/Major Gifts          | \$55,000         |
| Donations                       | \$800            |
| <b>Total Contributed Income</b> | <b>\$226,128</b> |
| <b>Earned Income</b>            |                  |
| Lease Income                    | \$83,000         |
| Rental Income                   | \$114,480        |
| Ticket Sales - Programming      | \$105,285        |
| Ticket Fees                     | \$6,750          |
| TOFA Auction/Ticket Sales       | \$24,500         |
| Merchandise/Beverage            | \$23,000         |
| <b>Total Earned Income</b>      | <b>\$357,015</b> |
| <b>Total Income</b>             | <b>\$583,143</b> |
| <b>EXPENSES</b>                 |                  |
| <b>Program Expenses</b>         |                  |
| Artist Fees                     | \$67,850         |
| Merchandise Expense             |                  |
| Beverage Cost                   | \$9,000          |
| Box Office Fees                 | \$5,500          |
| Sound/Tech                      | \$13,798         |
| Additional Program Labor        | \$2,700          |
| Hospitality                     | \$2,900          |
| Housing                         | \$1,300          |
| Liquor License/other fees       | \$2,750          |
| Publicity                       | \$16,250         |
| Supplies/Outreach expenses      | \$2,250          |
| ASCAP/BMI Fees                  | \$750            |
| Taste Expenses                  | \$9,500          |
| <b>Total Program Expenses</b>   | <b>\$134,548</b> |



Clifton Cultural Center, Inc  
FY2015 Budget

|                                      |                  |
|--------------------------------------|------------------|
| <b>Building Operations</b>           |                  |
| Building Maintenance and Repair      | \$8,000          |
| Cleaning Supplies                    | \$3,000          |
| Elevator Maintenance                 |                  |
| Utilities                            | \$39,000         |
| <b>Total Building Operations</b>     | <b>\$50,000</b>  |
| <b>Compensation</b>                  |                  |
| Employee Compensation                | \$258,008        |
| Employee Benefits - Health Insurance | \$0              |
| Employee Benefits - Retirement       | \$6,932          |
| Worker's Compensation Insurance      | \$4,000          |
| Payroll Taxes                        | \$20,641         |
| <b>Total Compensation</b>            | <b>\$289,581</b> |
| <b>Total Operating Expenses</b>      | <b>\$339,581</b> |
| <b>General Expenses</b>              |                  |
| Accounting/Audit Fees                | \$9,000          |
| Banking/Interest Expense             | \$2,500          |
| Tribute/Dues/Board Expense           | \$800            |
| Fundraising Expense                  | \$2,000          |
| Insurance                            | \$5,500          |
| Marketing/Website/Social Media       | \$9,800          |
| Graphic design                       | \$1,000          |
| Lease Payments                       | \$20,434         |
| Office Supplies                      | \$3,800          |
| Staff Development/Research           | \$0              |
| Telephone and Internet               | \$3,000          |
| Staff Travel                         | \$200            |
| Miscellaneous                        | \$500            |
| <b>Total General Expense</b>         | <b>\$58,534</b>  |
| <b>Expense of Rentals</b>            | <b>\$13,250</b>  |
| <b>Total Expenses</b>                | <b>\$545,913</b> |
| <b>Net Income from Operations</b>    | <b>\$37,230</b>  |

**Clifton Cultural Center, Inc.  
Board of Directors and Staff  
Fiscal Year 2015**

**Ann Y Adams**

Consultant  
Bilancia, LLC  
Term: 2      Term Expiration: 2015

**Randy Blevins**

President, Think Tank Marketing  
Term: 2      Term Expiration: 2017

**Don Burch**

Bluegrass Audi  
Term: 2      Term Expiration: 2015

**Gerri Combs**

Retired Director, South Arts  
Term: 1      Term Expiration: 2015

**A. Glenn Crothers**

Professor of History, UofL  
Term: 1      Term Expiration: 2017

**Ali Hawthorne**

Co-owner, M2-Maximum Media PR  
Term: 2      Term Expiration: 2015

**Tim Heine, MD, Secretary**

Partner, AAL, PSC  
Term: 4      Term Expiration: 2015

**Susan Lawler, Treasurer**

Controller  
Term: 2      Term Expiration: 2017

**Stephen Mattingly**

Professor of Classical Guitar, UofL  
Term: 1      Term Expiration: 2017

**Reginald Meeks**

KY State Representative, 42<sup>nd</sup> District  
Term: 1      Term Expiration: 2017

**Conor O'Driscoll**

Production Manager  
The Woodford Reserve Distillery-  
Term: 2      Term Expiration: 2015

**Judith F. Oetinger**

Term: 1      Term Expiration: 2017

**Ashley S. Parker, Vice Chair**

Broker/Owner, Parker & Klein Real Estate  
Term: 2      Term Expiration: 2017

**Gregg Rochman**

Shine Contracting  
Term: 1      Term Expiration: 2017

**Mark Rountree, Board Chair**

VP, Partner, and Senior Consultant  
Ashley Rountree and Associates  
Term: 2      Term Expiration: 2017

**Patrick T. Schmidt**

Partner, Tilford Dobbins Alexander PLLC  
Term: 1      Term Expiration: 2015

**Christopher Ward**

President, DMLO CPAs  
Term: 1      Term Expiration: 2017

**Clifton Center Staff**

**502-896-8480**

As per the Bylaws of the Clifton Center Board of Directors, the term of office for Board Members terms is three years. Board Members are eligible to serve up to two consecutive full terms. Some Board Members have served additional terms due to recent changes in the organization and the need for institutional continuity.

**STAFF:**

**John Harris, Executive Director**

**Kristen Tidwell, Director of Development**

**Ann Drury, Manager of Client Relations**

**Julie Purcell, Programming Coordinator**

**Karen Miller, Coordinator of  
Facilities and Administration**

Clifton Cultural Center, Inc  
Profit and Loss  
October 2014 through August 2015

Oct '14 - Aug '15

Ordinary Income/Expense

Income

|                                  |            |
|----------------------------------|------------|
| 4100 — Contributed Revenue       |            |
| 4110 — Grants-Foundation-Civic   | 37,250.00  |
| 4120 — Grants - Government       | 37,393.25  |
| 4130 — Corporate Sponsorship     | 79,100.00  |
| 4140 — Membership                | 52,290.93  |
| 4160 — Donations                 | 1,575.74   |
| Total 4100 — Contributed Revenue | 207,609.92 |
| 4200 — Earned Revenue            |            |
| 4210 — Lease Revenue             | 71,230.00  |
| 4220 — Rental Revenue            | 103,594.46 |
| 4230 — Ticket Sales-Programming  | 78,901.69  |
| 4235 — Ticket Fees Revenue       | 4,688.00   |
| 4240 — TOFA / Raffle             | 22,315.03  |
| 4250 — Merchandise/Beverage      | 20,334.65  |
| 4270 — Interest earned           | 0.19       |
| Total 4200 — Earned Revenue      | 301,064.02 |
| Total Income                     | 508,673.94 |

Expense

|                                   |            |
|-----------------------------------|------------|
| 6000 — Program Expenses           |            |
| 6005 — Artist Fees                | 69,031.92  |
| 6010 — Merchandise Expense        | 252.20     |
| 6015 — Beverage Expense           | 6,749.65   |
| 6020 — Box Office Fees            | 6,010.73   |
| 6025 — Sound / Light / Support    | 13,540.80  |
| 6030 — Additional Program Labor   | 3,360.00   |
| 6035 — Hospitality                | 3,097.92   |
| 6040 — Housing                    | 2,002.04   |
| 6045 — License / Fees             | 3,197.20   |
| 6055 — Publicity                  | 13,490.83  |
| 6060 — Program Supplies           | 1,902.79   |
| 6098 — Taste Expenses             | 7,493.69   |
| 6000 — Program Expenses - Other   | 12.94      |
| Total 6000 — Program Expenses     | 130,142.71 |
| 6100 — General Expenses           |            |
| 6101 — Accounting Fees            | 7,239.67   |
| 6105 — Banking / Interest Expense | 3,499.66   |

|                                       |                   |
|---------------------------------------|-------------------|
| 6110 — Tribute / Dues / Board Expense | 1,489.77          |
| 6120 — Fundraising Expense            | 1,964.55          |
| 6125 — Insurance                      | 6,360.94          |
| 6130 — Marketing/Website              | 11,279.23         |
| 6135 — Graphic Design                 | 0.00              |
| 6140 — Lease Payments                 | 18,655.69         |
| 6145 — Office Supplies                | 4,480.76          |
| 6150 — Staff development/Research     | 0.10              |
| 6155 — Telephone and Internet         | 2,278.25          |
| 6160 — Travel                         | 430.54            |
| 6165 — Miscellaneous                  | -644.00           |
| Total 6100 — General Expenses         | <u>57,035.16</u>  |
| 6300 — Operating Expenses             |                   |
| 6305 — Cleaning Supplies              | 2,201.79          |
| 6310 — Utilities                      | 52,386.74         |
| 6320 — Maintenance & Repairs          |                   |
| 6321 — M & R Parts                    | 1,424.81          |
| 6322 — M & R Labor                    | 3,570.75          |
| 6320 — Maintenance & Repairs - Other  | 1,077.00          |
| Total 6320 — Maintenance & Repairs    | <u>6,072.56</u>   |
| 6300 — Operating Expenses - Other     | 21.47             |
| Total 6300 — Operating Expenses       | <u>60,682.56</u>  |
| 6500 — Compensation                   |                   |
| 6520 — Payroll Taxes                  | 18,386.05         |
| 6525 — Worker's Compensation          | 5,393.00          |
| 6540 — Employee Compensation          | 217,049.59        |
| 6560 — Retirement                     | 5,735.42          |
| 6570 — Employee Health Insurance      | 8,502.13          |
| Total 6500 — Compensation             | <u>255,066.19</u> |
| 6800 — Expense of Rentals             |                   |
| 6805 — Piano Tuning and Repairs       | 485.00            |
| 6810 — Sound / Light Tech Fees        | 12,145.39         |
| 6820 — Additional Labor Charges       | 535.00            |
| 6830 — Equipment Rental               | 319.26            |
| Total 6800 — Expense of Rentals       | <u>13,484.65</u>  |
| Total Expense                         | <u>516,411.27</u> |
| Net Ordinary Income                   | <u>-7,737.33</u>  |
| Net Income                            | <u>-7,737.33</u>  |

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

|   |   |   |  |
|---|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CLIFTON CULTURAL CENTER, INC.</b>                                   |   | <b>D</b> Employer identification number<br>      |
|   | Doing Business As   |   | <b>E</b> Telephone number<br><b>502-896-8480</b> |
|   | Number and street (or P.O. box if mail is not delivered to street address)                              | Room/suite  |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><b>LOUISVILLE, KY 40206</b> |   | <b>G</b> Gross receipts \$ <b>568,824.</b>       |
| <b>F</b> Name and address of principal officer: <b>JOHN HARRIS<br/>SAME AS C ABOVE</b>  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |  |
| <b>J</b> Website: <b>WWW.CLIFTONCENTER.ORG</b>  |   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |   | <b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>KY</b>   |  |

**Part I Summary**

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CLIFTON, CRESCENT HILL AND GREATER LOUISVILLE WITH A QUALITY FACILITY FOR ARTISTIC</b> |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | <b>20</b>    |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | <b>20</b>    |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | <b>5</b>                  | <b>10</b>    |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | <b>65</b>    |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | <b>0.</b>    |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | <b>0.</b>                 |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 129,300.                  | 264,284.     |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 6.                        | 0.           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.                        | 32,710.      |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 152,099.                  | 559,351.     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                        | 0.           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                        | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 66,321.                   | 258,584.     |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                        | 0.           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 28,276.                   |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 87,749.                   | 337,649.     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 154,070.  | 596,233.                  |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | -1,971.   | -36,882.                  |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 452,704.                  | 341,118.     |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 150,673.                  | 75,969.      |
|   |   | 302,031.                  | 265,149.     |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|   |  |                                 |      |
|---|--|---------------------------------|------|
| <b>Sign Here</b>  | Signature of officer                   |                                 | Date |
|   | <b>JOHN HARRIS, EXECUTIVE DIRECTOR</b> |                                 |      |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name             | Preparer's signature            | Date |
|   | <b>BARBARA A. LASKY</b>                |                                 |      |
| Firm's name <b>ANDERSON, BRYANT, LASKY &amp; WINSLOW, PSC</b>         |  | Firm's EIN                      | PTIN |
| Firm's address <b>943 SOUTH FIRST STREET<br/>LOUISVILLE, KY 40203</b> |  |                                 |      |
|   |  | Phone no. <b>(502) 584-9793</b> |      |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE CLIFTON CENTER IS AN HISTORIC FACILITY THAT SERVES AS A GATHERING PLACE FOR ART, CULTURE AND IDEAS THAT ENRICH OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 519,605. including grants of \$ ) (Revenue \$ 282,766.) THE CLIFTON CULTURAL CENTER, INC. IS AN HISTORIC FORMER SCHOOL BUILDING IN LOUISVILLE, KENTUCKY THAT NOW SERVES AS A PERFORMANCE, MEETING, AND CONFERENCE CENTER. LOCATED IN THE HEART OF THE FRANKFORT AVENUE BUSINESS DISTRICT, THE FACILITY HOSTS A VARIETY OF ARTS AND CULTURAL EVENTS, AS WELL AS WEDDINGS, CONFERENCES, AND BUSINESS AND CIVIC MEETINGS. THE CLIFTON CENTER IS ALSO HOME TO SEVERAL NON-PROFIT ORGANIZATIONS, ARTISTS, AND DANCERS, WHO LEASE SPACE IN THE BUILDING.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 519,605.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| 11b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| 11c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| 11d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| 11f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| 12b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  | X   |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|     |  | Yes | No |
|-----|--|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>                                    |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-rows for numerical data entry.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: COMPANY - 502-896-8480 2117 PAYNE ST, LOUISVILLE, KY 40206

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DON BURCH<br>BOARD MEMBER              | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) TIM HEINE<br>SECRETARY                 | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) ROBERT ADAMS<br>EX OFFICIO             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) MARK CARROLL<br>BOARD MEMBER           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) ALI HAWTHORNE<br>BOARD MEMBER          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) LAURIE DOBBINS BRUN<br>BOARD MEMBER    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) MARK ROUNTREE<br>BOARD MEMBER          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) BILL CHEATHAM<br>BOARD MEMBER          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MARY MICHAEL CORBETT<br>BOARD MEMBER   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) GERRI COMBS<br>BOARD MEMBER           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) REV. JOHN G. EIFLER<br>BOARD MEMBER   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) DEBRA M. MURPHY<br>BOARD MEMBER       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) CONOR O'DRISCOLL<br>BOARD MEMBER      | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) DOUGLAS H. OWEN<br>BOARD MEMBER       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) PATRICK T. SCHMIDT<br>BOARD MEMBER    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) JERRY RHANDAL BLEVINS<br>BOARD MEMBER | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) DEBBIE WIEBE-KAMBER<br>BOARD MEMBER   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) ASHLEY PARKER<br>BOARD MEMBER                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) ANN Y. ADAMS<br>CHAIR                                     | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (20) SUSAN LAWLER<br>TREASURER                                 | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (21) JOHN HARRIS<br>EXECUTIVE DIRECTOR                         | 40.00   |   |                       | X       |              |                              |        | 65,287.  | 0.  | 0.  |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 65,287.  | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 65,287.  | 0.  | 0.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   |  |  | (A)  | (B)                                | (C)                        | (D)  |         |
|--|---|--|--|--|------------------------------------|----------------------------|--|---------|
|  |   |  |  | Total revenue                                | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |         |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a   | Federated campaigns  | 1a   |  |                                    |                            |  |         |
|  | b   | Membership dues  | 1b   |  |                                    |                            |  |         |
|  | c   | Fundraising events   | 1c   | 11,000.                                      |                                    |                            |  |         |
|  | d   | Related organizations  | 1d   |  |                                    |                            |  |         |
|  | e   | Government grants (contributions)  | 1e   |  |                                    |                            |  |         |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f   | 253,284.                                     |                                    |                            |  |         |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |  |  |                                    |                            |  |         |
|  | h   | <b>Total.</b> Add lines 1a-1f  |  |  | 264,284.                           |                            |  |         |
| Program Service Revenue                                | 2 a   | RENTAL AND LEASE INCOM   | Business Code<br>532000                      | 178,610.                                     | 178,610.                           |                            |  |         |
|  | b   | MUSIC SERIES   | 711300                                       | 83,747.                                      | 83,747.                            |                            |  |         |
|  | c   |  |  |  |                                    |                            |  |         |
|  | d   |  |  |  |                                    |                            |  |         |
|  | e   |  |  |  |                                    |                            |  |         |
|  | f   | All other program service revenue  |  |  |                                    |                            |  |         |
|  | g   | <b>Total.</b> Add lines 2a-2f  |  |  | 262,357.                           |                            |  |         |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |  |  |                                    |                            |  |         |
|  | 4   | Income from investment of tax-exempt bond proceeds   |  |  |                                    |                            |  |         |
|  | 5   | Royalties  |  |  |                                    |                            |  |         |
|  | 6 a   | Gross rents  | (i) Real                                     | (ii) Personal                                |                                    |                            |  |         |
|  |   |  | b  | Less: rental expenses                        |                                    |                            |  |         |
|  |   |  | c  | Rental income or (loss)                      |                                    |                            |  |         |
|  |   |  | d  | Net rental income or (loss)                  |                                    |                            |  |         |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities                               | (ii) Other                                   |                                    |                            |  |         |
|  |   |  | b  | Less: cost or other basis and sales expenses |                                    |                            |  |         |
|  |   |  | c  | Gain or (loss)                               |                                    |                            |  |         |
|  |   |  | d  | Net gain or (loss)                           |                                    |                            |  |         |
|  | 8 a   | Gross income from fundraising events (not including \$ 11,000. of contributions reported on line 1c). See Part IV, line 18 | a  | 21,774.                                      |                                    |                            |  |         |
|  |   |  | b  | Less: direct expenses                        | 9,473.                             |                            |  |         |
|  |   |  | c  | Net income or (loss) from fundraising events |                                    | 12,301.                    |  | 12,301. |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a  |  |                                    |                            |  |         |
| b  |   |  | Less: direct expenses                        |  |                                    |                            |  |         |
| c  |   |  | Net income or (loss) from gaming activities  |  |                                    |                            |  |         |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |  |  |                                    |                            |  |         |
|  |   | b  | Less: cost of goods sold                     |  |                                    |                            |  |         |
|  |   | c  | Net income or (loss) from sales of inventory |  |                                    |                            |  |         |
| Miscellaneous Revenue                                  |   |  | Business Code                                |  |                                    |                            |  |         |
| 11 a   | MERCHANDISE/BEVERAGE S                                | 453000   | 20,409.                                      | 20,409.                                      |                                    |                            |  |         |
| b  |   |  |  |  |                                    |                            |  |         |
| c  |   |  |  |  |                                    |                            |  |         |
| d  | All other revenue                                     |  |  |  |                                    |                            |  |         |
| e  | <b>Total.</b> Add lines 11a-11d                       |  |  | 20,409.                                      |                                    |                            |  |         |
| 12   | <b>Total revenue.</b> See instructions.               |  |  | 559,351.                                     | 282,766.                           | 0.                         | 12,301.  |         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 67,999.               | 52,584.                         | 9,064.                                 | 6,351.                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 157,448.              | 121,754.                        | 20,988.                                | 14,706.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 15,619.               | 12,078.                         | 2,082.                                 | 1,459.                      |
| 10 Payroll taxes  | 17,518.               | 13,547.                         | 2,335.                                 | 1,636.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 8,052.                |                                 | 8,052.                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 6,671.                | 6,671.                          |  |                             |
| 13 Office expenses  | 4,239.                | 3,278.                          | 565.                                   | 396.                        |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 52,587.               | 52,120.                         | 350.                                   | 117.                        |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 2,433.                |                                 | 2,433.                                 |                             |
| 20 Interest   | 362.                  | 280.                            | 48.                                    | 34.                         |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 38,836.               | 38,491.                         | 259.                                   | 86.                         |
| 23 Insurance  | 9,929.                | 7,678.                          | 1,324.                                 | 927.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a PROGRAM EXPENSES  | 179,568.              | 179,568.                        |  |                             |
| b REPAIRS & MAINTENANCE   | 15,144.               | 15,009.                         | 101.                                   | 34.                         |
| c RENTAL EXPENSES   | 12,188.               | 12,188.                         |  |                             |
| d TELEPHONE   | 3,123.                | 2,415.                          | 416.                                   | 292.                        |
| e All other expenses  | 4,517.                | 1,944.                          | 335.                                   | 2,238.                      |
| 25 Total functional expenses. Add lines 1 through 24e   | 596,233.              | 519,605.                        | 48,352.                                | 28,276.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|                             |  | (A)<br>Beginning of year  |          | (B)<br>End of year |          |
|-----------------------------|--|---|----------|--------------------|----------|
| Assets                      | 1  | Cash - non-interest-bearing   | 28,570.  | 1                  | 4,135.   |
|                             | 2  | Savings and temporary cash investments  |          | 2                  |          |
|                             | 3  | Pledges and grants receivable, net  | 80,000.  | 3                  | 30,000.  |
|                             | 4  | Accounts receivable, net  | 1,341.   | 4                  | 5,088.   |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |          | 5                  |          |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |          | 6                  |          |
|                             | 7  | Notes and loans receivable, net   |          | 7                  |          |
|                             | 8  | Inventories for sale or use   |          | 8                  |          |
|                             | 9  | Prepaid expenses and deferred charges   | 13,775.  | 9                  | 11,713.  |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 920,853. |                    |          |
|                             |  | <b>10a</b>  |          |                    |          |
|                             | b  | Less: accumulated depreciation  | 630,671. |                    |          |
|                             |  | <b>10b</b>  |          |                    |          |
|                             |  |   | 329,018. | 10c                | 290,182. |
|                             | 11   | Investments - publicly traded securities  |          | 11                 |          |
|                             | 12   | Investments - other securities. See Part IV, line 11  |          | 12                 |          |
| 13                          | Investments - program-related. See Part IV, line 11  |   | 13       |                    |          |
| 14                          | Intangible assets  |   | 14       |                    |          |
| 15                          | Other assets. See Part IV, line 11   |   | 15       |                    |          |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 452,704.  | 16       | 341,118.           |          |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 92,785.  | 17                 | 20,910.  |
|                             | 18   | Grants payable  |          | 18                 |          |
|                             | 19   | Deferred revenue  | 57,888.  | 19                 | 52,559.  |
|                             | 20   | Tax-exempt bond liabilities   |          | 20                 |          |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |          | 21                 |          |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |          | 22                 |          |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  |          | 23                 |          |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  |          | 24                 |          |
|                             | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 0.       | 25                 | 2,500.   |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 150,673. | 26                 | 75,969.  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |          |                    |          |
|                             | 27   | Unrestricted net assets   | 219,271. | 27                 | 200,644. |
|                             | 28   | Temporarily restricted net assets   | 82,760.  | 28                 | 64,505.  |
|                             | 29   | Permanently restricted net assets   |          | 29                 |          |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |          |                    |          |
|                             | 30   | Capital stock or trust principal, or current funds  |          | 30                 |          |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |          | 31                 |          |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds  |          | 32                 |          |
|                             | 33   | <b>Total net assets or fund balances</b>  | 302,031. | 33                 | 265,149. |
|                             | 34   | <b>Total liabilities and net assets/fund balances</b>   | 452,704. | 34                 | 341,118. |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 559,351. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 596,233. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -36,882. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 302,031. |
| 5  | Net unrealized gains (losses) on investments   | 5  |          |
| 6  | Donated services and use of facilities   | 6  |          |
| 7  | Investment expenses  | 7  |          |
| 8  | Prior period adjustments   | 8  |          |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 265,149. |

**Part XIII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XIII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form 990 (2013)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **CLIFTON CULTURAL CENTER, INC.** Employer identification number [REDACTED]

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                          |   |
|---|--------------------------|---|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                | % |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....  | <b>15</b>                | % |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input type="checkbox"/> |   |
| <b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/> |   |
| <b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/> |   |
| <b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/> |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/> |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 9,335.   | 9,215.   | 100,150. | 129,300. | 264,284. | 512,284.   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 155,717. | 153,959. | 230,482. | 22,793.  | 292,017. | 854,968.   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   | 43,866.  | 40,225.  | 23,701.  |          |          | 107,792.   |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |            |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 208,918. | 203,399. | 354,333. | 152,093. | 556,301. | 1,475,044. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          | 0.         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          | 0.         |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          | 0.         |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          | 1,475,044. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>9</b> Amounts from line 6 .....   | 208,918. | 203,399. | 354,333. | 152,093. | 556,301. | 1,475,044.               |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 1,043.   | 586.     | 107.     | 6.       |          | 1,742.                   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....   |          |          |          |          |          |                          |
| <b>c</b> Add lines 10a and 10b .....   | 1,043.   | 586.     | 107.     | 6.       |          | 1,742.                   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....   | 209,961. | 203,985. | 354,440. | 152,099. | 556,301. | 1,476,786.               |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | 15 | 99.88 % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | 16 | 99.68 % |

**Section D. Computation of Investment Income Percentage**

|   |    |       |
|---|----|-------|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..... | 17 | .12 % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....                        | 18 | .28 % |

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

CLIFTON CULTURAL CENTER, INC.

Employer identification number

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      | 920,853.                        | 630,671.                     | 290,182.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 290,182.       |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A) .....   |                |   |
| (B) .....   |                |   |
| (C) .....   |                |   |
| (D) .....   |                |   |
| (E) .....   |                |   |
| (F) .....   |                |   |
| (G) .....   |                |   |
| (H) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) .....   |                |   |
| (2) .....   |                |   |
| (3) .....   |                |   |
| (4) .....   |                |   |
| (5) .....   |                |   |
| (6) .....   |                |   |
| (7) .....   |                |   |
| (8) .....   |                |   |
| (9) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) .....   |                |
| (2) .....   |                |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>LINE OF CREDIT</b>   | 2,500.         |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 2,500.         |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |   |    |   |          |
|---|---|----|---|----------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1 | 559,351. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |   |          |
| a | Net unrealized gains on investments   | 2a |   |          |
| b | Donated services and use of facilities  | 2b |   |          |
| c | Recoveries of prior year grants   | 2c |   |          |
| d | Other (Describe in Part XIII.)  | 2d |   |          |
| e | Add lines 2a through 2d   | 2e |   | 0.       |
| 3 | Subtract line 2e from line 1  |    | 3 | 559,351. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |   |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |   |          |
| b | Other (Describe in Part XIII.)  | 4b |   |          |
| c | Add lines 4a and 4b   | 4c |   | 0.       |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5 | 559,351. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |  |    |   |          |
|---|--|----|---|----------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1 | 596,233. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |   |          |
| a | Donated services and use of facilities   | 2a |   |          |
| b | Prior year adjustments   | 2b |   |          |
| c | Other losses   | 2c |   |          |
| d | Other (Describe in Part XIII.)   | 2d |   |          |
| e | Add lines 2a through 2d  | 2e |   | 0.       |
| 3 | Subtract line 2e from line 1   |    | 3 | 596,233. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |   |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |   |          |
| b | Other (Describe in Part XIII.)   | 4b |   |          |
| c | Add lines 4a and 4b  | 4c |   | 0.       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5 | 596,233. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

EXPLANATION: MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FASB ASC 740-10 WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE OPERATING STATEMENT OR ACCRUED IN THE BALANCE SHEET. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.





**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2013**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

**CLIFTON CULTURAL CENTER, INC.**

Employer identification number

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Multiple horizontal lines for listing states.

332081  
09-12-13



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|--------------|------------------------|--|
|                 |    | TASTE OF<br>FRANKFORT<br>(event type)                        | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 32,774.      |                        | 32,774.  |
|                 | 2  | Less: Contributions  | 11,000.      |                        | 11,000.  |
|                 | 3  | Gross income (line 1 minus line 2)                           | 21,774.      |                        | 21,774.  |
| Direct Expenses | 4  | Cash prizes  | 750.         |                        | 750.   |
|                 | 5  | Noncash prizes   |              |                        |  |
|                 | 6  | Rent/facility costs  | 343.         |                        | 343.   |
|                 | 7  | Food and beverages   | 694.         |                        | 694.   |
|                 | 8  | Entertainment  |              |                        |  |
|                 | 9  | Other direct expenses  | 7,686.       |                        | 7,686.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        | 9,473.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                        | 12,301.  |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue  |   |   |   |
| Direct Expenses | 2 | Cash prizes  |   |   |   |
|                 | 3 | Noncash prizes   |   |   |   |
|                 | 4 | Rent/facility costs  |   |   |   |
|                 | 5 | Other direct expenses  |   |   |   |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: KY  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CLIFTON CULTURAL CENTER, INC.

h number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRODUCTION, MEETINGS AND PROGRAMS THAT WILL FURTHER AN ENRICHED SENSE  
OF COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: WE MAINTAIN MINUTES OF COMMITTEES, AS WELL AS THE FULL BOARD  
OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: MEMBERS OF THE FINANCE COMMITTEE REVIEW THE 990, IN  
CONSULTATION WITH THE EXECUTIVE DIRECTOR, AND AFTER CHANGES ARE SUGGESTED,  
IT IS APPROVED FOR FILING. A COPY IS THEN DISTRIBUTED TO THE REMAINING  
BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: RESEARCH WAS PERFORMED, SUCH AS USING NATIONAL AVERAGE PAY  
TABLES, COMPARISON TO OTHER BENCHMARK ENTITIES IN OUR COMMUNITY, TO  
DETERMINE REASONABLE AND PROPER PAY FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: OUR 990 AND OTHER FORMS ARE AVAILABLE THROUGH GUIDESTAR.ORG AS  
WELL AS UPON REQUEST.

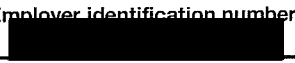
FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

CLIFTON CULTURAL CENTER, INC.

Employer identification number



FORM 990, PART XII, LINE 2C:

EXPLANATION: NO CHANGE FROM PRIOR YEAR.

Multiple horizontal lines for providing an explanation.

ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF INCORPORATION OF

CLIFTON CULTURAL CENTER, INC.  
(formerly St. Frances of Rome Cultural Center, Inc.)

RECEIVED & FILED  
Ch. 100  
SEP 7 9 13 AM '95

SEC. CLERK  
STATE OF KY  
*Heider* *Erly*

Pursuant to the Kentucky Business Corporation Act the undersigned Kentucky not-for-profit corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: A. Article II hereby is amended to delete references to Section 503 and Section 504, respectively, in the eighth unnumbered paragraph thereof and substituting therefor Section 501(c)(3), and to add the following language:

a. Said organization is organized exclusively for charitable, religious, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

b. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or others private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue code, corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

SECOND: The foregoing amendment of the Articles of Incorporation was adopted by the Board of Directors of the corporation on August 28, 1995, in a manner prescribed by the Kentucky Business Corporation Act.

Dated: August 28, 1995

CLIFTON CULTURAL CENTER, INC.

By: John S. Eifler  
President

By: Katharine J. Smith  
Secretary

COMMONWEALTH OF KENTUCKY )  
 ) SS  
COUNTY OF JEFFERSON )

I, a notary public, to hereby certify that on this the 29th day of August, 1995, personally appeared before me JOHN S. EIFLER, who being by me first duly sworn, declared that he is the President of CLIFTON CULTURAL CENTER, INC., that he signed the foregoing document as President of the corporation, and that the statements therein contained are true.

Robert P. Adelberg  
NOTARY PUBLIC, Ky. State-at-large

My commission expires: March 18, 1996





ARTICLES OF INCORPORATION

FOR

ST. FRANCES OF ROME CULTURAL CENTER, INC.

The undersigned incorporator of the ST. FRANCES OF ROME CULTURAL CENTER, INC., has signed and acknowledged these Articles of Incorporation for the purpose of forming a corporation having no capital stock, and not involving private pecuniary gain or profit, under the provisions of Kentucky Revised Statutes 273.160, et seq.

ARTICLE I

The name of the corporation shall be ST. FRANCES OF ROME CULTURAL CENTER, INC.

ARTICLE II

The purposes for which the corporation is formed are as follows:

To restore, preserve and develop the St. Frances of Rome Theater as a cultural center for performance and community activities in the Clifton, Crescent Hill and greater Louisville area.

To receive gifts, grants and donations of money and property of every kind, and to administer the same and to do anything necessary or proper for the accomplishment of the stated purposes.

To make contributions to any organization described in Section 501(c)(3) of the Internal Revenue Code of 1986.

To engage in any an all lawful activities incidental to the foregoing stated purposes, except as restricted herein.

The corporation shall not be operated for the primary purpose of carrying on a trade or business for profit.

No substantial part of the activities of the corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation; nor shall it in any manner or to any extent participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office; nor shall the corporation engage in any activities that are unlawful under applicable federal, state, or local laws.

The corporation shall (1) not engage in any prohibited transactions as described in Section 503 of the Internal Revenue Code of 1986, (2) not accumulate income, invest income or divert income, in a manner that would endanger its exempt status by virtue of Section 504 of the Internal Revenue Code, and (3) not engage in any other activity which would result in the denial or loss of exempt status.

For purposes of the above, references to provisions of the Internal Revenue Code of 1986, as amended, shall be deemed to include statutes which succeed such provisions.

### ARTICLE III

The duration of the corporation shall be perpetual. However, if the corporation should dissolve, upon dissolution, the Board of

Directors shall, after paying or making provision for the payment of liabilities of the corporation, dispose of all assets of the corporation exclusively for charitable, educational, religious, or scientific purposes as shall, at the time, qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine.

#### ARTICLE IV

The address of the initial registered and principal office and the name of the initial resident agent is as follows:

Rev. John G. Eifler  
2119 Payne Street  
Louisville, Kentucky 40206

#### ARTICLE V

The name and address of the incorporator are:

Rev. John G. Eifler  
2119 Payne Street  
Louisville, Kentucky 40206

#### ARTICLE VI

The affairs and business of the corporation shall be conducted by a Board of not fewer than five (5) nor more than twenty-five (25) persons. The names and addresses of the members of the initial Board of Directors are as follows:

Rev. John G. Eifler  
2119 Payne St.  
Louisville, Ky. 40206

Deborah Keesee  
18 Hawthorne Hill  
Louisville, Ky. 40204

Katty Smith  
122 Arrowhead  
Louisville, Ky. 40207

Douglas Stegner  
1644 Cherokee Rd.  
Louisville, Ky. 40205

Jim Voyles  
2537 Glenmary Ave.  
Louisville, Ky. 40204

ARTICLE VII

The directors of the corporation shall not be liable for any debt or obligation of the corporation solely by reason of being directors.

ARTICLE VIII

Bylaws for the corporation may be adopted and amended by the Board of Directors of the corporation.

IN WITNESS WHEREOF, said incorporator subscribes his name and acknowledges this to be his act and deed this 21 day of August, 1994.



\_\_\_\_\_  
Rev. John G. Eifler

STATE OF KENTUCKY     )  
                                  ) SS  
COUNTY OF JEFFERSON )

On August 26, 1994, personally appeared before me, Rev. John G. Eifler, incorporator herein, and produced to me, in said State and County, the Articles of Incorporation of **ST. FRANCES OF ROME CULTURAL CENTER, INC.**, acknowledged same to be his free act and deed for the purposes therein mentioned.

James R. Voyles  
Notary Public, Kentucky

My commission expires: 7/25/98

This instrument prepared by:

James R. Voyles  
James R. Voyles  
**VOYLES & JOHNSON, P.S.C.**  
100 North 6th St.  
Fifth Floor  
Louisville, Kentucky 40202  
502/589-2600

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

|   |  |   |
|---|--|---|
| Print or type<br>See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><i>Clifton Cultural Center, Inc.</i>  |   |
|   | 2 Business name/disregarded entity name, if different from above<br><i>Clifton Center</i>  |   |
|   | 3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input checked="" type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |
|   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) <u>5</u><br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small>   |   |
|   | 5 Address (number, street, and apt. or suite no.)<br><i>2117 Payne Street</i>  | Requester's name and address (optional) |
|   | 6 City, state, and ZIP code<br><i>Louisville, KY 40206</i>   |   |
|   | 7 List account number(s) here (optional)   |   |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|  |                               |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Social security number</b>  | <b>Social security number</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table> |                               |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |
|  |                               |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                               |  |  |  |  |  |  |  |  |  |  |  |  |
| or   |                               |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Employer identification number</b>  |                               |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                               |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <i>2/12/15</i> |
|------------------|----------------------------|-----------------------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**CLIFTON CULTURAL CENTER, INC.**

**SEPTEMBER 30, 2014**



**STATEMENT OF FINANCIAL POSTION  
CLIFTON CULTURAL CENTER, INC.  
SEPTEMBER 30, 2014**

**ASSETS**

|                           |                   |
|---------------------------|-------------------|
| Cash and cash equivalents | \$ 4,135          |
| Accounts receivable       | 5,088             |
| Promises to give          | 30,000            |
| Prepaid expenses          | 11,713            |
| Leasehold improvements    | 818,609           |
| Furniture and equipment   | 102,244           |
| Accumulated depreciation  | <u>(630,671)</u>  |
| Total assets              | <u>\$ 341,118</u> |

**LIABILITIES AND NET ASSETS**

**LIABILITIES**

|                                       |               |
|---------------------------------------|---------------|
| Accounts payable                      | \$ 17,561     |
| Accrued payroll and other liabilities | 3,349         |
| Line of credit                        | 2,500         |
| Deferred revenue                      | <u>52,559</u> |
| Total liabilities                     | <u>75,969</u> |

**NET ASSETS**

|                                  |                   |
|----------------------------------|-------------------|
| Unrestricted                     | 200,644           |
| Temporarily restricted           | <u>64,505</u>     |
| Total net assets                 | <u>265,149</u>    |
| Total liabilities and net assets | <u>\$ 341,118</u> |

The accompanying notes are an integral part of these financial statements.

**STATEMENT OF ACTIVITIES  
CLIFTON CULTURAL CENTER, INC.  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

|  | <u>Unrestricted</u> | Temporarily<br><u>Restricted</u> | <u>Total</u>      |
|--|---------------------|----------------------------------|-------------------|
| Support and revenue                          |                     |                                  |                   |
| Rental and lease income                      | \$ 178,610          | \$ -                             | \$ 178,610        |
| Contributions and grants                     | 188,779             | 64,505                           | 253,284           |
| Program revenue                              | 104,156             | -                                | 104,156           |
| Special events                               | 32,774              | -                                | 32,774            |
| Special events expenses                      | <u>(9,473)</u>      | <u>-</u>                         | <u>(9,473)</u>    |
| Total support and revenue                    | 494,846             | 64,505                           | 559,351           |
| Net assets released from restrictions:       |                     |                                  |                   |
| Net assets released from restrictions        | <u>82,760</u>       | <u>(82,760)</u>                  | <u>-</u>          |
| Total support, revenue and reclassifications | 577,606             | (18,255)                         | 559,351           |
| Expenses                                     | <u>557,397</u>      | <u>-</u>                         | <u>557,397</u>    |
| Change in net assets before depreciation     | 20,209              | (18,255)                         | 1,954             |
| Depreciation                                 | <u>38,836</u>       | <u>-</u>                         | <u>38,836</u>     |
| Increase (decrease) in net assets            | (18,627)            | (18,255)                         | (36,882)          |
| Net assets at beginning of year              | <u>219,271</u>      | <u>82,760</u>                    | <u>302,031</u>    |
| Net assets at end of year                    | <u>\$ 200,644</u>   | <u>\$ 64,505</u>                 | <u>\$ 265,149</u> |

The accompanying notes are an integral part of these financial statements.

**STATEMENT OF FUNCTIONAL EXPENSES  
CLIFTON CULTURAL CENTER, INC.  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

|                                     | Program<br>Services | Management<br>and<br>General | Fund<br>Raising  | Total             |
|-------------------------------------|---------------------|------------------------------|------------------|-------------------|
| Compensation                        | \$ 174,338          | \$ 30,052                    | \$ 21,057        | \$ 225,447        |
| Payroll taxes and employee benefits | 25,625              | 4,417                        | 3,095            | 33,137            |
| Program expense                     | 179,568             | -                            | -                | 179,568           |
| Rental expenses                     | 12,188              | -                            | -                | 12,188            |
| Occupancy                           | 52,120              | 350                          | 117              | 52,587            |
| Telephone                           | 2,415               | 416                          | 292              | 3,123             |
| Meetings                            | -                   | 2,433                        | -                | 2,433             |
| Marketing                           | 6,671               | -                            | -                | 6,671             |
| Repairs and maintenance             | 15,009              | 101                          | 34               | 15,144            |
| Office expense                      | 3,278               | 565                          | 396              | 4,239             |
| Professional fees                   | -                   | 8,052                        | -                | 8,052             |
| Insurance                           | 7,678               | 1,324                        | 927              | 9,929             |
| Fund development                    | -                   | -                            | 2,003            | 2,003             |
| Interest expense                    | 280                 | 48                           | 34               | 362               |
| Bank service charges                | 1,944               | 335                          | 235              | 2,514             |
|                                     | <u>481,114</u>      | <u>48,093</u>                | <u>28,190</u>    | <u>557,397</u>    |
| Total expenses before depreciation  |                     |                              |                  |                   |
| Depreciation                        | <u>38,491</u>       | <u>259</u>                   | <u>86</u>        | <u>38,836</u>     |
| Total expenses                      | <u>\$ 519,605</u>   | <u>\$ 48,352</u>             | <u>\$ 28,276</u> | <u>\$ 596,233</u> |

The accompanying notes are an integral part of these financial statements.

**STATEMENT OF CASH FLOWS  
CLIFTON CULTURAL CENTER, INC.  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**CASH FLOWS FROM OPERATING ACTIVITIES:**

|   |                 |
|---|-----------------|
| Change in net assets  | \$ (36,882)     |
| Adjustments to reconcile change in net assets<br>to net cash provided (used) by operating activities: |                 |
| Depreciation  | 38,836          |
| (Increase) decrease in operating assets:  |                 |
| Accounts receivable   | (3,747)         |
| Promises to give  | 50,000          |
| Prepaid expenses  | 2,062           |
| Increase (decrease) in operating liabilities:   |                 |
| Accounts payable  | (71,405)        |
| Accrued payroll and other liabilities   | (470)           |
| Deferred revenue  | <u>(5,329)</u>  |
| Net cash provided (used) by operating activities  | <u>(26,935)</u> |

**CASH FLOWS FROM FINANCING ACTIVITIES:**

|  |                 |
|--|-----------------|
| Borrowings (payments) on line of credit, net | <u>2,500</u>    |
| Net increase (decrease) in cash              | (24,435)        |
| Cash at beginning of year                    | <u>28,570</u>   |
| Cash at end of year                          | <u>\$ 4,135</u> |

**SUPPLEMENTAL DISCLOSURE:**

|                        |               |
|------------------------|---------------|
| Cash paid for interest | <u>\$ 362</u> |
|------------------------|---------------|

The accompanying notes are an integral part of these financial statements.

**CLIFTON CULTURAL CENTER, INC.****General Information**

|                             |   |
|-----------------------------|---|
| <b>Organization Number</b>  | 0336109   |
| <b>Name</b>                 | CLIFTON CULTURAL CENTER, INC.                         |
| <b>Profit or Non-Profit</b> | N - Non-profit  |
| <b>Company Type</b>         | KCO - Kentucky Corporation                            |
| <b>Status</b>               | A - Active  |
| <b>Standing</b>             | G - Good  |
| <b>State</b>                | KY  |
| <b>File Date</b>            | 9/22/1994   |
| <b>Organization Date</b>    | 9/22/1994   |
| <b>Last Annual Report</b>   | 6/15/2015   |
| <b>Principal Office</b>     | 2117 PAYNE ST.<br>LOUISVILLE, KY 40206                |
| <b>Registered Agent</b>     | JOHN HARRIS<br>2117 PAYNE ST.<br>LOUISVILLE, KY 40206 |

**Current Officers**

|                       |                              |
|-----------------------|------------------------------|
| <b>President</b>      | <u>Mark Rountree</u>         |
| <b>Vice President</b> | <u>Ashley Parker</u>         |
| <b>Secretary</b>      | <u>Timothy Heine</u>         |
| <b>Treasurer</b>      | <u>Susan A. Lawler</u>       |
| <b>Director</b>       | <u>Don Burch</u>             |
| <b>Director</b>       | <u>Debra M Murphy</u>        |
| <b>Director</b>       | <u>Conor O'Driscoll</u>      |
| <b>Director</b>       | <u>Ali Hawthorne</u>         |
| <b>Director</b>       | <u>Gerri Combs</u>           |
| <b>Director</b>       | <u>Debbie Wiebe-Kamber</u>   |
| <b>Director</b>       | <u>Patrick Schmidt</u>       |
| <b>Director</b>       | <u>Jerry Rhandal Blevins</u> |
| <b>Director</b>       | <u>A Glenn Crothers</u>      |
| <b>Director</b>       | <u>Stephen Mattingly</u>     |
| <b>Director</b>       | <u>Reginald Meeks</u>        |
| <b>Director</b>       | <u>Judith F Oetinger</u>     |
| <b>Director</b>       | <u>Gregg Rochman</u>         |
| <b>Director</b>       | <u>Christopher Ward</u>      |

**Individuals / Entities listed at time of formation**

|                 |                          |
|-----------------|--------------------------|
| <b>Director</b> | <u>REV JOHN G EIFLER</u> |
| <b>Director</b> | <u>KATTY SMITH</u>       |
| <b>Director</b> | <u>JIM VOYLES</u>        |

|                     |                          |
|---------------------|--------------------------|
| <b>Director</b>     | <u>DEBORAH KEESEE</u>    |
| <b>Director</b>     | <u>DOUGLAS STEGNER</u>   |
| <b>Incorporator</b> | <u>REV JOHN G EIFLER</u> |

## Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

|   |                      |         |             |            |
|---|----------------------|---------|-------------|------------|
| <u>Annual Report</u>                        | 6/15/2015            | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 1/27/2014            | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 6/3/2013             | 1 page  | <u>PDF</u>  |            |
| <u>Registered Agent name/address change</u> | 6/6/2012 10:15:46 AM | 1 page  | <u>PDF</u>  |            |
| <u>Principal Office Address Change</u>      | 6/6/2012 10:13:43 AM | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 6/6/2012             | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 7/25/2011            | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 6/15/2010            | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 6/15/2009            | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 6/27/2008            | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                        | 6/29/2007            | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 6/30/2006            | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 6/6/2005             | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 10/13/2003           | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 9/24/2002            | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 5/18/2001            | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 6/18/1999            | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 7/7/1998             | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 7/1/1997             | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 7/1/1996             | 2 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Amendment</u>                            | 9/7/1995             | 3 pages | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u>                        | 7/1/1995             | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Amendment</u>                            | 5/24/1995            | 1 page  | <u>tiff</u> | <u>PDF</u> |
| <u>Articles of Incorporation</u>            | 9/22/1994            | 6 pages | <u>tiff</u> | <u>PDF</u> |

## Assumed Names

## Activity History

| Filing                          | File Date                | Effective Date           | Org. Referenced |
|---------------------------------|--------------------------|--------------------------|-----------------|
| Annual report                   | 6/15/2015<br>1:29:15 PM  | 6/15/2015<br>1:29:15 PM  |                 |
| Annual report                   | 1/27/2014<br>11:13:51 AM | 1/27/2014<br>11:13:51 AM |                 |
| Annual report                   | 6/3/2013<br>10:56:35 AM  | 6/3/2013<br>10:56:35 AM  |                 |
| Annual report                   | 6/6/2012<br>10:19:11 AM  | 6/6/2012<br>10:19:11 AM  |                 |
| Registered agent address change | 6/6/2012<br>10:15:46 AM  | 6/6/2012<br>10:15:46 AM  |                 |

|                                      |                          |                          |  |
|--------------------------------------|--------------------------|--------------------------|--|
| Principal office change              | 6/6/2012<br>10:13:43 AM  | 6/6/2012<br>10:13:43 AM  |  |
| Annual report                        | 7/25/2011<br>9:20:52 AM  | 7/25/2011<br>9:20:52 AM  |  |
| Annual report                        | 6/15/2010<br>10:09:44 AM | 6/15/2010<br>10:09:44 AM |  |
| Annual report                        | 6/15/2009<br>7:48:16 PM  | 6/15/2009<br>7:48:16 PM  |  |
| Annual report                        | 6/27/2008<br>12:51:31 PM | 6/27/2008<br>12:51:31 PM |  |
| Annual report                        | 6/29/2007<br>2:07:44 PM  | 6/29/2007                |  |
| Annual report                        | 6/30/2006<br>5:18:43 PM  | 6/30/2006                |  |
| Annual report                        | 6/3/2003                 | 6/3/2003                 |  |
| Amendment - Miscellaneous amendments | 9/7/1995                 | 9/7/1995                 |  |
| Amendment previous name              | 5/24/1995                | 5/24/1995                | <u>ST. FRANCES OF<br/>ROME CULTURAL<br/>CENTER, INC.</u> |

## Microfilmed Images

**Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.**

|                           |            |         |
|---------------------------|------------|---------|
| Annual Report             | 7/29/2004  | 2 pages |
| Annual Report             | 10/13/2003 | 1 page  |
| Annual Report             | 9/24/2002  | 2 pages |
| Annual Report             | 5/18/2001  | 1 page  |
| Annual Report             | 8/10/2000  | 2 pages |
| Annual Report             | 6/18/1999  | 2 pages |
| Annual Report             | 7/7/1998   | 2 pages |
| Annual Report             | 7/1/1997   | 2 pages |
| Annual Report             | 7/1/1996   | 2 pages |
| Amendment                 | 9/7/1995   | 2 pages |
| Annual Report             | 7/1/1995   | 1 page  |
| Amendment                 | 5/24/1995  | 1 page  |
| Articles of Incorporation | 9/22/1994  | 5 pages |