

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

Applicant/Program: Clifton Cultural Center, Inc.
Applicant Requested Amount: \$5,000
Appropriation Request Amount: \$5,000

Executive Summary of Request
Printing and event expenses for the annual 25th Taste of Frankfort Avenue at the Clifton Center, 2117 Payne Street.

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 District # Bill Hella Primary Sponsor Signature \$5,000 Amount 06/06/2017 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.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Clifton Cultural Center, Inc.	
Program Name and Request Amount Annual Taste of Frankfort Avenue	
	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"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<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"/> N/A
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"/> N/A
Prepared by: <i>Wyle Stouder</i>	Date: <i>06/06/17</i>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization:
(as listed on: <http://www.sos.ky.gov/business/records>) **Clifton Cultural Center, Inc.**

Main Office Street & Mailing Address: 2117 Payne Street, Louisville, KY 40206

Website: www.cliftoncenter.org

Applicant Contact:	Cynthia M. Adelberg	Title:	Interim Executive Director
Phone:	502-645-4192	Email:	cindyadelberg@gmail.com
Financial Contact:	Lyda Howard	Title:	Bookkeeper
Phone:	502-896-8480 Ext 302	Email:	lhoward@cliftoncenter.org

Organization's Representative who attended NDF Training: Cynthia M. Adelberg

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): Clifton Center, 2117 Payne Street, Louisville, KY 40206

Council District(s): 9 **Zip Code(s):** 40206

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: *Taste of Frankfurt Ave. Sponsor*

Total Request: (\$)	5,000	Total Metro Award (this program) in previous year: (\$)	0
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Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> IRS Exempt Status Determination <input checked="" type="checkbox"/> Letter Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for 	<ul style="list-style-type: none"> <i>NA</i> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <i>NA</i> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <i>NA</i> Faith Based Organization Certification Form, if applicable
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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:	Lou Metro NDF grant	Amount: (\$)	\$5,000 awarded 3-18-16
Source:		Amount: (\$)	
Source:		Amount: (\$)	

Has the applicant contacted the BBB Charity Review for participation? Yes No

Has the applicant met the BBB Charity Review Standards? Yes No *In process*

Applicant's Initials *CMC*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

In 2011, the Clifton Center Board adopted its current mission "**...to serve as a gathering place for the arts, culture and ideas that enrich our community.**" With its handsome 500-seat theater, as well as other studio and meeting spaces, the Center has become a treasured performance venue and gathering place in the Louisville area.

The Center's 40,000-square-foot Italianate building was built in 1930 and served as St. Frances of Rome Catholic School until 1975. Over \$1.5 million in renovations were made to the building after the Clifton Center was established as an independent non-profit organization in 1995. The Center's purpose is to be a welcoming place for people of all ages and stages, for all diverse citizens of our community and for all kinds of events that enrich the community. We continue to be a catalyst for the development and enrichment of the Clifton and Crescent Hill neighborhoods in particular and for Metro Louisville at large.

Our services include providing the following spaces: the Eifler Theatre, a handsome 500-seat proscenium theater; five studios for resident groups of dancers, visual artists, and musicians; a Reception Hall (with a capacity of 500) used for meetings, celebrations and presentations; and several smaller conference rooms – all available for use by the public. Our spaces are our services!

Over 50,000 people visit the Center each year to attend various performances, films, community meetings, classes, celebrations and gatherings of all kinds. The Clifton Center's audience reflects the diversity of the programming that it offers. While many of the Center's regular event attendees live within 5 miles of the Center, our programs and presentations attract a wide variety of audiences from across the city and the region. Through our nearly "genre-less" **Live at the Clifton Center** programming and education activities, the Clifton Center is reaching audiences young and old from diverse ethnic and cultural backgrounds.

In addition to the productions and concerts presented directly by or in partnership with the Clifton Center, the Center is home to the Louisville Visual Art Association Children's Art Classes, the Louisville Folk School, Ballet Arts Studio, Shine Movement and Music Studio, and artist Martin Rollins' Crescent Moon Studio - all of whom offer arts classes and programming throughout the entire year. In addition, as a rental facility, the Clifton Center serves as a performance venue and gathering place for numerous offerings throughout the year. These include the Kentucky Homefront, Louisville Potters' annual holiday pottery sale, Kentucky Shakespeare, Voices of Kentuckiana, WFPK Winter Wednesdays, Jamey Abersold Jazz Program at Uof L, as well as school plays and other community theater, music and dance productions.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Don Burch, Board Chair , Bluegrass Audi	9-30-17
Judith F. Oetinger, Vice Chair	9-30-17
Gerri Combs, Secretary , Retired Director, South Arts	9-30-18
Caraline D. Harris, CPA, Treasurer , Strothman and Company	9-30-17
Randy Blevins , President, Think Tank Marketing	9-30-17
A. Glenn Crothers , Professor of History, UofL	9-30-17
Rev. John G. Eifler , retired	9-30-18
John Hampton , CPA, retired	9-30-18
Stephen Mattingly , Professor of Classical Guitar, UofL	9-30-17
Reginald Meeks , KY State Representative, 42 nd District	9-30-17
Conor O'Driscoll , Production Manager, Woodford Reserve Distillery	9-30-18
Ashley S. Parker , Broker/Owner, Parker & Klein Real Estate	9-30-17
Gregg Rochman , Shine Contracting	9-30-17
Mark Rountree , VP & Partner, Ashley Rountree and Associates	9-30-17
Patrick T. Schmidt , Partner, Tilford Dobbins Alexander PLLC	9-30-18

Describe the Board term limit policy:

- Officers' terms are for 1 year and are elected in September for service to begin October 1; Chair & Vice-Chair traditionally serve for 2 years each, Treasurer and Secretary serve for 1 year each
- Clifton Center Bylaws (rev. Oct 2010) allow for 3-year terms for all members with no cap on number of terms served

Three Highest Paid Staff Names	Annual Salary
Cynthia M. Adelberg, Interim Executive Director	Part time, 20 hrs per week, \$32.50 per hour
Ann Drury, Manager Customer Relations & Admin	\$48,000 annual salary
Lyda Howard, Bookkeeper	Part Time, 15 hours per week, \$30. Per hour

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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 is celebrating the 25th Taste of Frankfort Avenue on August 13th this year by enlisting in-kind donations from more than 30 restaurants and other local businesses operating in the Frankfort Avenue Corridor. Sponsored by Brown-Forman, D. D. Williamson and others, this year's event will include 500 guests and volunteers from across the community. Over the years, this event has enabled the Clifton Center to offer discounted rates to our nonprofit long-term resident groups and other nonprofits who use our public spaces for gatherings of their clients and supporters.

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

The NDF funds will be used for printing publicity materials including posters, flyers, programs and signage for the Taste of Frankfort Avenue.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Proceeds from the 2017 Taste of Frankfort Avenue will underwrite the discount the Center gives to nonprofit organizations who use the facility, including long term resident groups and those who rent our community spaces.

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:

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.

Reimbursements should not be made before application date 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.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Event underwriting CONTRIBUTED INCOME	5,000	+20,000	+25,000
Event ticket & rafle sales EARNED INCOME		+17,000.	+17,000
Event EXPENSES, printing, postage, tables, pipe & drape, linens, ice, event management services, disposables,		- 8,300	- 8,300
Total	5,000	NET income 33,700	NET Income 33,700

Taste of Frankfort Avenue 2017	Column 1 METRO	Column 2 non metro	Column 3 Total			
Advertising/Printing:						
poster /program design	550		550			
postcards	235		235			
programs	462		462			
addressing	257		257			
bus shelter printing	510		510			
advertising - print		5600	5600			
advertising - signs		500	500			
advertising - outdoor		4000	4000			
advertising - radio LPMedia	1211	1211	2422			
wrist bands	43		43			
raffle tickets	33		33			
sponsor signs	208		208			
poster printing	124		124			
Event Supplies:						
Tables		500	500			
Pipe and Drape		750	750			
Linens (cleaning)	55		55			
Water ballast/tent/fan	455		455			
Table Linens	325	150	325			
party plates	458		458			
Box Office Fees tix	350		350			
Total	5276	12711	17987 **			
	METRO	OTHER	TOTAL			
** In Kind = \$11,500.						

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
Food and Beverage - from 20 + restaurants	\$50,000	Estimate
Volunteer services	370 hours @ \$???	10 X 25 hrs + 20 X 6hrs
Partial Outdoor, radio ads, linens, rentals	over \$6,000	Estimate
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	<i>\$59,700.</i>	<i>Estimate</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:

Our operation after Dec 31, 2017 will not include building operational expenses for current facility.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – 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 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 and the funds will not be disbursed to our organization.
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 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.

Standard Certifications

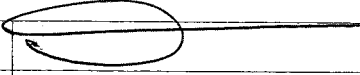
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

NONE

SECTION 8 – 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:	2-21-17
Legal Signatory: (please print):	Don K Burch	Title:	Board Chair
Phone:	502-553-9044	Extension:	
Email:	dkburch@gmail.com		

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR F. O.
BOX 2505 CINCINNATI, OH
45201

DATE: OCT 1 1 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)

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.	Fy2017 Budget
INCOME	
Contributed Income	
Grants-Foundation	\$28,000
Grants-Government	\$20,364
Corporate Sponsorship	\$25,500
Membership/Board Gifts	\$29,220
Donations	\$108,395
Total Contributed Income	\$211,479
Earned Income	
Lease Income	\$78,415
Rental Income	\$114,797
Ticket Sales - Programming	\$10,803
Ticket Fees	\$789
TOFA Ticket Sales/Raffle	\$15,680
Merchandise/Beverage	\$13,346
Total Earned Income	\$233,830
Total Income	\$445,309
EXPENSES	
Program Expenses	
Artist Fees	\$10,000
Beverage Cost	\$3,646
Box Office Fees	\$1,535
Sound/Tech	\$7,800
Hospitality	\$720
Housing	\$0
Liquor License/ASCAP/other fees	\$1,747
Publicity	\$2,190
Supplies/Outreach expenses	\$69
Taste Expenses	\$11,058
Total Program Expenses	\$38,766
Building Operations	
Building Maintenance and Repair	\$9,600
Cleaning Supplies	\$3,000
Utilities	\$43,400
Total Building Operations	\$56,000
Compensation	
Employee Compensation	\$199,177
Employee Benefits - Health Insurance	\$5,250
Employee Benefits - Retirement	\$3,230
Worker's Compensation Insurance	\$4,188
Payroll Taxes	\$19,918

Board Facillitation	\$0
Total Compensation	\$231,762
Total Operating Expenses	\$287,762
General Expenses	
Accounting/Audit Fees	\$8,020
Banking/Interest Expense	\$8,349
Tribute/Dues/Board Expense	\$1,380
Fundraising Expense	\$2,057
Insurance	\$6,800
Marketing/Website/Social Media	\$5,680
Graphic Design	\$600
Lease Payments	\$23,264
Office Supplies	\$2,700
Staff Development/Research	\$500
Telephone and Internet	\$2,520
Staff Travel	\$300
Miscellaneous	\$500
Total General Expense	\$62,669
Expense of Rentals	\$16,500
Total Expenses	\$405,697
Net Income	\$39,612

Clifton Cultural Center, Inc
 Profit and Loss Budget vs. Actual
 October 2016 through April 2017

	Oct '16 - Apr '17	Budget
Ordinary Income/Expense		
Income		
4100 — Contributed Revenue		
4110 — Grants-Foundation-Civic	11,500.00	25,000.00
4120 — Grants - Government	7,682.00	10,182.00
4130 — Corporate Sponsorship	15,400.00	25,500.00
4140 — Membership	4,910.00	27,520.00
4145 — Board Support	18,460.00	
4160 — Donations	21,867.08	63,670.00
4161 — Donations - Show	2,145.51	
Total 4100 — Contributed Revenue	<u>81,964.59</u>	151,872.00
4200 — Earned Revenue		
4210 — Lease Revenue	40,565.00	44,940.00
4220 — Rental Revenue	66,290.00	84,215.00
4230 — Ticket Sales-Programming	2,008.01	10,805.00
4235 — Ticket Fees Revenue	123.00	93.00
4250 — Merchandise/Beverage	16,761.18	12,473.00
Total 4200 — Earned Revenue	<u>125,747.19</u>	152,526.00
Total Income	207,711.78	304,398.00
Expense		
6000 — Program Expenses		
6005 — Artist Fees	1,125.00	10,000.00
6010 — Merchandise Expense	223.50	
6015 — Beverage Expense	5,041.04	3,647.00
6020 — Box Office Fees	773.00	1,187.00
6025 — Sound / Light / Support	3,294.80	7,800.00
6035 — Hospitality	779.61	719.00
6040 — Housing	330.81	
6045 — License / Fees	1,918.01	1,746.00
6055 — Publicity	1,370.43	2,192.00
6060 — Program Supplies	633.31	69.00
Total 6000 — Program Expenses	<u>15,489.51</u>	27,360.00
6100 — General Expenses		
6101 — Accounting Fees	7,150.24	6,970.00
6105 — Banking / Interest Expense	3,589.86	4,804.00
6110 — Tribute / Dues / Board Expense	50.00	1,040.00
6120 — Fundraising Expense	2,320.84	1,297.00
6125 — Insurance	3,721.06	3,969.00

Clifton Cultural Center, Inc
Balance Sheet Standard
As of April 30, 2017

1:00 PM
05/02/17
Accrual Basis
Apr 30, '17

ASSETS

Current Assets

Checking/Savings

1000 — Cash Accounts

1035 — Republic Bank - Operating 25,939.05

1040 — Petty Cash 600.00

Total 1000 — Cash Accounts 26,539.05

Total Checking/Savings 26,539.05

Accounts Receivable

1200 — Accounts Receivable 5,921.00

Total Accounts Receivable 5,921.00

Other Current Assets

1400 — Prepaid Expenses

1420 — Publicity 55.00

Total 1400 — Prepaid Expenses 55.00

Total Other Current Assets 55.00

Total Current Assets 32,515.05

Fixed Assets

1500 — Furniture Equipment 102,244.01

1800 — Leasehold Improvements 818,609.17

1900 — Accumulated Depreciation -709,618.00

Total Fixed Assets 211,235.18

TOTAL ASSETS 243,750.23

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

2000 — Accounts Payable 21,051.14

Total Accounts Payable 21,051.14

Credit Cards

1732 — Julie Purcell 123.99

1740 — Ann Drury -0.02

Total Credit Cards 123.97

Other Current Liabilities

2100 — Payroll Liabilities

2160 — Retirement Match Employer 2,935.73

Total 2100 — Payroll Liabilities 2,935.73

2400 — Deferred Revenue

2410 — Deferred Revenue - Rental 34,305.00

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **10/01/15**, and ending **09/30/16**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Clifton Cultural Center, Inc.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **2117 Payne Street**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **Louisville KY 40206**

D Employer identification number: ****-***0383**

E Telephone number: **502-896-8480**

G Gross receipts \$: **429,169**

F Name and address of principal officer:
Cynthia Adelberg
2117 Payne St
Louisville KY 40206

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CLIFTONCENTER.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1994** **M** State of legal domicile: **KY**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To provide Clifton, Crescent Hill, and Greater Louisville with a quality facility for artistic production, meetings, and programs that will further an enriched sense of community.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	15
4	15
5	9
6	65
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	158,918	161,955
9 Program service revenue (Part VIII, line 2g)	275,308	232,642
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,983	26,379
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	463,209	420,976
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	266,903	179,238
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,224		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	328,393	245,729
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	595,296	424,967
19 Revenue less expenses. Subtract line 18 from line 12	-132,087	-3,991
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	278,944	223,610
21 Total liabilities (Part X, line 26)	145,883	94,540
22 Net assets or fund balances. Subtract line 21 from line 20	133,061	129,070

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.

Sign Here
 Signature of officer: **Cynthia Adelberg** Date: **Interim ED**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **Barbara Lasky** Preparer's signature: **Barbara Lasky** Date: **04/27/17** Check if self-employed PTIN: *********
 Firm's name: **Baldwin CPAs, PLLC** Firm's EIN: **** - *** 6603**
 Firm's address: **943 S 1st Street**
Louisville, KY 40203 Phone no.: **502-584-9793**

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 a 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? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ **364,789** including grants of \$) (Revenue \$ **251,534**)

The Clifton Cultural Center, Inc. is a 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 **364,789**

Form 990 (2015) **Clifton Cultural Center, Inc.**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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? If "Yes," complete Schedule D, Part VII		X
c 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? If "Yes," complete Schedule D, Part VIII		X
d 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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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):		
28a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2015) Clifton Cultural Center, Inc.

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), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 501(c)(29).

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	15		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: **▶**

COMPANY 2117 PAYNE ST **KY 40206** 502-896-8480
LOUISVILLE

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) Mark Rountree	2.00									
Chair	0.00	X		X			0	0	0	
(2) Don Burch	2.00									
Vice Chair	0.00	X		X			0	0	0	
(3) Gerri Combs	2.00									
Secretary	0.00	X		X			0	0	0	
(4) Caraline Harris	2.00									
Treasurer	0.00	X		X			0	0	0	
(5) Jerry Rhandal Blevins	1.00									
Board Member	0.00	X					0	0	0	
(6) A. Glenn Crothers	1.00									
Board Member	0.00	X					0	0	0	
(7) Stephen Mattingly	1.00									
Board Member	0.00	X					0	0	0	
(8) Reginald Meeks	1.00									
Board Member	0.00	X					0	0	0	
(9) Conor O'Driscoll	1.00									
Board Member	0.00	X					0	0	0	
(10) Judith Oetinger	1.00									
Board Member	0.00	X					0	0	0	
(11) Ashley Parker	1.00									
Board Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Gregg Rochman	1.00									
Board Member	0.00	X						0	0	0
(13) Patrick T. Schmidt	1.00									
Board Member	0.00	X						0	0	0
(14) John Hampton, CPA	1.00									
Board Member	0.00	X						0	0	0
(15) Rev. John G. Eilfer	1.00									
Board Member	0.00	X						0	0	0
(16) Cynthia Adelberg	20.00									
Interim ED	0.00			X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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) Name and business address	(B) Description of services	(C) Compensation

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**

Form 990 (2015) **Clifton Cultural Center, Inc.**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	13,500				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	148,455				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			161,955			
Program Service Revenue	2a Rental and Lease income	Busn. Code	188,514	188,514			
	b Music Series		44,128	44,128			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			232,642			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 13,500 of contributions reported on line 1c). See Part IV, line 18	a	15,680				
		b Less: direct expenses	b	8,193			
c Net income or (loss) from fundraising events				7,487		7,487	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a Merchandise/Beverage Sales			18,892	18,892			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			18,892				
12 Total revenue. See instructions.			420,976	251,534	0	7,487	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	37,344	28,878	4,978	3,488
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	120,114	92,884	16,011	11,219
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,186	4,784	824	578
10 Payroll taxes	15,594	12,059	2,079	1,456
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,695		7,695	
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 Schedule O.)				
12 Advertising and promotion	4,750	4,750		
13 Office expenses	1,792	1,386	239	167
14 Information technology				
15 Royalties				
16 Occupancy	64,162	63,592	428	142
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,707		3,707	
20 Interest	1,073	830	143	100
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,154	41,779	281	94
23 Insurance	9,496	7,343	1,266	887
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	73,491	73,491		
b Rental Expenses	14,359	14,359		
c Repairs & Maintenance	11,653	11,549	78	26
d Bank Service Charges	6,444	4,983	859	602
e All other expenses	4,953	2,122	366	2,465
25 Total functional expenses. Add lines 1 through 24e	424,967	364,789	38,954	21,224
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year	
Assets	1	6,575	1	8,055	
	2		2		
	3	12,000	3		
	4	4,820	4	3,990	
	5		5		
	6		6		
	7		7		
	8		8		
	9	2,160	9	330	
	10a	920,853			
	10b	709,618	253,389	10c	211,235
	11			11	
	12			12	
	13			13	
	14			14	
	15			15	
16		278,944	16	223,610	
17		51,557	17	36,985	
Liabilities	18		18		
	19	70,826	19	37,555	
	20		20		
	21		21		
	22	8,500	22		
	23		23		
	24		24		
	25	15,000	25	20,000	
	26	145,883	26	94,540	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		121,061	27	129,070	
28		12,000	28		
29			29		
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30			30		
31			31		
32			32		
33		133,061	33	129,070	
34		278,944	34	223,610	

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	420,976
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,967
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,061
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	129,070

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? 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
b 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.		

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION OF

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

RECEIVED & FILED
Ch #500
SEP 7 9 13 AM '95

SEC
CORP
STATE
CLERK
Handwritten signature

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 un-numbered 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.

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION
OF

ST. FRANCES OF ROME CULTURAL CENTER, INC

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: The name of the corporation has been changed to CLIFTON CULTURAL CENTER, INC.

SECOND: The following amendment of the Articles of Incorporation were adopted by the Board of Directors of the corporation on April 27, 1995, in the manner prescribed by the Kentucky Business Corporation Act.

Dated: May 15, 1995

RECORDED

MAY 20 10 21 AM '95

John Steffen

CLIFTON CULTURAL CENTER, INC.

By: *John Steffen*
President

By: *Katherine S. ...*
Secretary

COMMONWEALTH OF KENTUCKY)) SS
COUNTY OF JEFFERSON))

I, a notary public, do hereby certify that on this 15th day of May, 1995, personally appeared before me JOHN F. 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.

Document No: 1995069353
Lodged By: st frances of rome
Recorded On: Jun 14, 1995 02:47:06 P.M.
Total Fees: \$9.00
County Clerk: Rebecca Jackson
Deputy Clerk: GLORIA

John F. Eifler
NOTARY PUBLIC, Ky. State-at-Large
My commission expires: 11/15/98

END OF DOCUMENT

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 propoganda 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

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

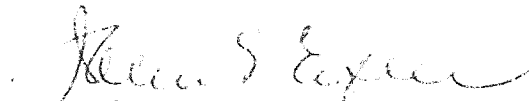
ARTICLE VII

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 2 day of August, 1994.



Rev. John G. Eifler

Request for Taxpayer Identification Number and Certification

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

Print or type
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. Clifton Cultural Center, Inc.	
2 Business name/disregarded entity name, if different from above informally known as Clifton Center	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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. <input type="checkbox"/> Other (see instructions) ▶ _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) 2117 Payne Street	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40206	
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.

Social security number																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table>																	
or																	
Employer identification number																	
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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.

Sign Here	Signature of U.S. person ▶ <i>Donald K. Burch</i>	Date ▶ <i>2-21-2017</i>
------------------	---	-------------------------

General Instructions Board Chair

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.

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, 2016 AND 2015

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Clifton Cultural Center, Inc.

We have audited the accompanying financial statements of Clifton Cultural Center, Inc., (a not-for-profit organization)(the Center) which comprise the statements of financial position as of September 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**STATEMENTS OF FINANCIAL POSTION
CLIFTON CULTURAL CENTER, INC.
SEPTEMBER 30, 2016 AND 2015**

	2016	2015
ASSETS		
Cash and cash equivalents	\$ 8,055	\$ 6,575
Accounts receivable	3,990	4,820
Promises to give	-	12,000
Prepaid expenses	330	2,160
Leasehold improvements	818,609	818,609
Furniture and equipment	102,244	102,244
Accumulated depreciation	<u>(709,618)</u>	<u>(667,464)</u>
Total assets	<u>\$ 223,610</u>	<u>\$ 278,944</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 26,739	\$ 48,621
Accrued payroll and other liabilities	10,246	2,936
Line of credit	20,000	15,000
Deferred revenue	37,555	70,826
Notes payable - related parties	<u>-</u>	<u>8,500</u>
Total liabilities	<u>94,540</u>	<u>145,883</u>
NET ASSETS		
Unrestricted	129,070	121,061
Temporarily restricted	<u>-</u>	<u>12,000</u>
Total net assets	<u>129,070</u>	<u>133,061</u>
Total liabilities and net assets	<u>\$ 223,610</u>	<u>\$ 278,944</u>

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

**STATEMENTS OF FUNCTIONAL EXPENSES
CLIFTON CULTURAL CENTER, INC.
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015**

	2016			2015				
	Program Services	Management and General	Fund Raising	Total	Program Services	Management and General	Fund Raising	Total
Compensation	\$ 121,763	\$ 20,989	\$ 14,707	\$ 157,459	\$ 179,477	\$ 30,938	\$ 21,677	\$ 232,092
Payroll taxes and benefits	16,842	2,903	2,034	21,779	26,920	4,641	3,251	34,812
Program expense	73,491	-	-	73,491	138,616	-	-	138,616
Rental expenses	14,359	-	-	14,359	15,464	-	-	15,464
Occupancy	63,592	428	142	64,162	76,668	516	172	77,356
Telephone	2,122	366	256	2,744	1,918	331	232	2,481
Meetings	-	3,707	-	3,707	-	2,226	-	2,226
Marketing	4,750	-	-	4,750	13,109	-	-	13,109
Repairs and maintenance	11,549	78	26	11,653	9,804	66	22	9,892
Office expense	1,386	239	167	1,792	3,705	639	447	4,791
Professional fees	-	7,695	-	7,695	-	7,438	-	7,438
Insurance	7,343	1,266	887	9,496	11,222	1,934	1,355	14,511
Fund development	-	-	2,209	2,209	-	-	1,965	1,965
Interest expense	830	143	100	1,073	740	128	89	957
Bank service charges	4,983	859	602	6,444	2,161	372	261	2,794
Total before depreciation	323,010	38,673	21,130	382,813	479,804	49,229	29,471	558,504
Depreciation	41,779	281	94	42,154	36,466	245	82	36,793
Total expenses	<u>\$ 364,789</u>	<u>\$ 38,954</u>	<u>\$ 21,224</u>	<u>\$ 424,967</u>	<u>\$ 516,270</u>	<u>\$ 49,474</u>	<u>\$ 29,553</u>	<u>\$ 595,297</u>

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

CLIFTON CULTURAL CENTER, INC.

General Information

Organization Number	0336109
Name	CLIFTON CULTURAL CENTER, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/22/1994
Organization Date	9/22/1994
Last Annual Report	1/4/2017
Principal Office	2117 PAYNE ST. LOUISVILLE, KY 40206
Registered Agent	DONALD K. BURCH 2117 PAYNE ST. LOUISVILLE, KY 40206

Current Officers

Chairman	<u>Don Burch</u>
Vice Chairman	<u>Judith Oetinger</u>
Secretary	<u>Gerri Combs</u>
Treasurer	<u>Caraline Harris</u>
Director	<u>Conor O'Driscoll</u>
Director	<u>Patrick Schmidt</u>
Director	<u>Jerry Rhandal Blevins</u>
Director	<u>A Glenn Crothers</u>
Director	<u>Stephen Mattingly</u>
Director	<u>Reginald Meeks</u>
Director	<u>Judith F Oetinger</u>
Director	<u>Gregg Rochman</u>
Director	<u>John G Eifler</u>
Director	<u>John Hampton</u>
Director	<u>Ashley Parker</u>

Individuals / Entities listed at time of formation

Director	<u>REV JOHN G EIFLER</u>
Director	<u>KATTY SMITH</u>
Director	<u>JIM VOYLES</u>
Director	<u>DEBORAH KEESEE</u>
Director	<u>DOUGLAS STEGNER</u>
Incorporator	<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.

Registered Agent name/address change	1/4/2017 11:35:21 AM	1 page	PDF
Annual Report	1/4/2017	1 page	PDF
Annual Report	7/21/2016	1 page	PDF
Registered Agent name/address change	1/19/2016 12:48:07 PM	1 page	PDF
Annual Report	6/15/2015	1 page	PDF
Annual Report	1/27/2014	1 page	PDF
Annual Report	6/3/2013	1 page	PDF
Registered Agent name/address change	6/6/2012 10:15:46 AM	1 page	PDF
Principal Office Address Change	6/6/2012 10:13:43 AM	1 page	PDF
Annual Report	6/6/2012	1 page	PDF
Annual Report	7/25/2011	1 page	PDF
Annual Report	6/15/2010	1 page	PDF
Annual Report	6/15/2009	1 page	PDF
Annual Report	6/27/2008	1 page	PDF
Annual Report	6/29/2007	1 page	tiff PDF
Annual Report	6/30/2006	1 page	tiff PDF
Annual Report	6/6/2005	1 page	tiff PDF
Annual Report	10/13/2003	1 page	tiff PDF
Annual Report	9/24/2002	2 pages	tiff PDF
Annual Report	5/18/2001	1 page	tiff PDF
Annual Report	6/18/1999	2 pages	tiff PDF
Annual Report	7/7/1998	2 pages	tiff PDF
Annual Report	7/1/1997	2 pages	tiff PDF
Annual Report	7/1/1996	2 pages	tiff PDF
Amendment	9/7/1995	3 pages	tiff PDF
Annual Report	7/1/1995	1 page	tiff PDF
Amendment	5/24/1995	1 page	tiff PDF
Articles of Incorporation	9/22/1994	6 pages	tiff PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/4/2017 12:03:56 PM	1/4/2017 12:03:56 PM	
Registered agent address change	1/4/2017 11:35:21 AM	1/4/2017 11:35:21 AM	
Annual report	7/21/2016 2:23:32 PM	7/21/2016 2:23:32 PM	
Registered agent address change	1/19/2016 12:48:07 PM	1/19/2016 12:48:07 PM	
	6/15/2015	6/15/2015	

Annual report	1:29:15 PM	1:29:15 PM	
Annual report	1/27/2014	1/27/2014	
Annual report	11:13:51 AM	11:13:51 AM	
Annual report	6/3/2013	6/3/2013	
Annual report	10:56:35 AM	10:56:35 AM	
Annual report	6/6/2012	6/6/2012	
Annual report	10:19:11 AM	10:19:11 AM	
Registered agent address change	6/6/2012	6/6/2012	
	10:15:46 AM	10:15:46 AM	
Principal office change	6/6/2012	6/6/2012	
	10:13:43 AM	10:13:43 AM	
Annual report	7/25/2011	7/25/2011	
	9:20:52 AM	9:20:52 AM	
Annual report	6/15/2010	6/15/2010	
	10:09:44 AM	10:09:44 AM	
Annual report	6/15/2009	6/15/2009	
	7:48:16 PM	7:48:16 PM	
Annual report	6/27/2008	6/27/2008	
	12:51:31 PM	12:51:31 PM	
Annual report	6/29/2007	6/29/2007	
	2:07:44 PM		
Annual report	6/30/2006	6/30/2006	
	5:18:43 PM		
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 ROME CULTURAL 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