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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation BRIGHTON FOUNDATION TRUST ROBERT D MARKLEY TRUSTEE		A Employer identification number 35-2032393	
Number and street (or P O box number if mail is not delivered to street address) 150 BRIGHTWATERS BLVD NE		Room/suite	B Telephone number (see instructions) (727) 821-1889
City or town, state or province, country, and ZIP or foreign postal code ST PETERSBURG, FL 337043608		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,673,706		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	39,589	39,589		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	125,647			
	b Gross sales price for all assets on line 6a _____ 55,607,399				
	7 Capital gain net income (from Part IV, line 2) . . .		125,647		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	165,236	165,236		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	2,410	0		0
	b Accounting fees (attach schedule) . . . . .	1,275	255		0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	5,732	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	10	10		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	9,427	265		0
	25 Contributions, gifts, grants paid . . . . .	221,200			221,200
	26 Total expenses and disbursements. Add lines 24 and 25	230,627	265		221,200
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-65,391			
	b Net investment income (if negative, enter -0-)		164,971		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .					
	2	Savings and temporary cash investments . . . . .	1,430,476	1,840,118	1,840,118		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) . . . . .	1,601,706	1,135,374	1,833,588		
	c	Investments—corporate bonds (attach schedule) . . . . .					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans . . . . .					
	13	Investments—other (attach schedule) . . . . .					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	8,451	0	0			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,040,633	2,975,492	3,673,706			
Liabilities	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)					
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted . . . . .					
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds . . . . .	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	479,195	479,195			
	29	Retained earnings, accumulated income, endowment, or other funds	2,561,438	2,496,297			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	3,040,633	2,975,492			
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	3,040,633	2,975,492				

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	3,040,633
2	Enter amount from Part I, line 27a . . . . .	2	-65,391
3	Other increases not included in line 2 (itemize) ▶ _____	3	250
4	Add lines 1, 2, and 3 . . . . .	4	2,975,492
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,975,492

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> SPDR S&P 500 ETF TRUST UNIT SER 1 S&P		2016-12-20	2016-12-19
<b>b</b> VANGUARD INDEX FDS VANGUARD TOTAL STK MK		2012-10-19	2016-11-22
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 55,114,535		55,139,913	-25,378
<b>b</b> 492,864		341,839	151,025
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			-25,378
<b>b</b>			151,025
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	2	125,647
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	202,900	3,676,080	0 055195
2014	198,950	3,683,368	0 054013
2013	217,479	3,416,993	0 063646
2012	207,529	3,259,417	0 063671
2011	224,806	3,366,604	0 066775

  

<b>2</b> Total of line 1, column (d)	2	0 303300
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 060660
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	3,539,659
<b>5</b> Multiply line 4 by line 3	5	214,716
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	1,650
<b>7</b> Add lines 5 and 6	7	216,366
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	221,200

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	1,650
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,650
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	1,650
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	2,840
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	2,840
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	1,190
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> 1,190 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	Yes	No
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>		No
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		No
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		No
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		No
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		No
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IN			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		No
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► ROBERT D MARKLEY Telephone no ► (727) 821-1889			

Located at ► 150 BRIGHTWATERS BLVD ST PETERSBURG FL ZIP+4 ► 33704

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► 15		
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<b>16</b>	<b>Yes</b>	<b>No</b>
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .	<b>1b</b>		
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <span style="float:right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <span style="float:right;"><input type="checkbox"/></span> Organizations relying on a current notice regarding disaster assistance check here. <span style="float:right;">▶ <input type="checkbox"/></span> <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <span style="float:right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes" to 6b, file Form 8870	<b>5b</b>	<b>No</b>	
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>6b</b>	<b>No</b>	
	<b>7b</b>		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JEAN MARKLEY 150 BRIGHTWATERS BLVD N E ST PETERSBURG, FL 33704	TRUSTEE 0 50	0	0	0
ROBERT D MARKLEY 150 BRIGHTWATERS BLVD N E ST PETERSBURG, FL 33704	TRUSTEE 0 50	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> <span style="float:right;">▶</span>				0

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		0

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

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



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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,987,908
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,605,654
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	3,593,562
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	3,593,562
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	53,903
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	3,539,659
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	176,983

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	176,983
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	1,650
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,650
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	175,333
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	175,333
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	175,333

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	221,200
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	221,200
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	1,650
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	219,550

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				175,333
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	225,050			
<b>b</b> From 2012. . . . .	54,300			
<b>c</b> From 2013. . . . .	49,571			
<b>d</b> From 2014. . . . .	19,021			
<b>e</b> From 2015. . . . .	21,920			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	369,862			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 221,200				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				175,333
<b>e</b> Remaining amount distributed out of corpus	45,867			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	415,729			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	225,050			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	190,679			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	54,300			
<b>b</b> Excess from 2013. . . . .	49,571			
<b>c</b> Excess from 2014. . . . .	19,021			
<b>d</b> Excess from 2015. . . . .	21,920			
<b>e</b> Excess from 2016. . . . .	45,867			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	221,200
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	39,589	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	125,647	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). . .		0		165,236	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		165,236

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |  |  |            |           |
|--|--|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |  | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of   |  |            |           |
| <b>(1)</b> Cash.   |  |            | <b>No</b> |
| <b>(2)</b> Other assets.   |  |            | <b>No</b> |
| <b>b</b> Other transactions  |  |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization.   |  |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization.   |  |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets.   |  |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements.   |  |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees.   |  |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations.   |  |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.   |  |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received |  |            |           |

[illegible]

- | b If "Yes," complete the following schedule |                          |                                 |
|---|--------------------------|---------------------------------|
| (a) Name of organization                    | (b) Type of organization | (c) Description of relationship |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2017-03-21	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DAVID A RESNICK		2017-03-21		P00019231
	Firm's name ▶ KSM BUSINESS SERVICES INC				Firm's EIN ▶ 35-2123203
	Firm's address ▶ PO BOX 40857 INDIANAPOLIS, IN 462400857				Phone no (317) 580-2000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
2ND STAGE 305 W 43RD STREET NEW YORK, NY 10036	N/A	PC	OPERATIONS	400
ACADEMY PREP PO BOX 530512 ST PETERSBURG, FL 33747	N/A	PC	OPERATIONS	25,250
ACTORS FUND 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10102	N/A	PC	OPERATIONS	1,000
ADOPTIONS OF INDIANA 1980 E 116TH ST 325 CARMEL, IN 46032	N/A	PC	OPERATIONS	1,000
AMERICAN STAGE PO BOX 1560 ST PETERSBURG, FL 33731	N/A	PC	OPERATIONS	3,000
ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 W 86TH STREET INDIANAPOLIS, IN 46260	N/A	PC	OPERATIONS	2,000
ATLANTIC THEATER 76 NINTH AVENUE SUITE 537 NEW YORK, NY 10011	N/A	PC	OPERATIONS	750
BLUE RIDGE MTN HEALTH PROJECT PO BOX 451 CASHIERS, NC 28717	N/A	PC	OPERATIONS	1,000
BOLEY CENTER 445 31ST ST N ST PETERSBURG, FL 33713	N/A	PC	OPERATIONS	2,000
BOYS AND GIRLS CLUBS OF THE PLATEAU 42 COMMUNITY PLACE PO BOX 1812 CASHIERS, NC 28717	N/A	PC	OPERATIONS	1,000
BOYS AND GIRLS CLUBS OF THE SUNCOAST 2300 TALL PINES DR SUITE 150 LARGO, FL 33771	N/A	PC	OPERATIONS	1,000
BROOKE'S PLACE 50 EAST 91ST STREET SUITE 103 INDIANAPOLIS, IN 46240	N/A	PC	OPERATIONS	10,000
BROOKLYN ACADEMY OF MUSIC 30 LAFAYETTE AVENUE BROOKLYN, NY 11217	N/A	PC	OPERATIONS	500
BROOKWOOD FLORIDA 901 SEVENTH AVENUE SOUTH ST PETERSBURG, FL 33705	N/A	PC	OPERATIONS	1,000
CAMP TECUMSEH 12635 WEST TECUMSEH BEND ROAD BROOKSTON, IN 47923	N/A	PC	OPERATIONS	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				221,200

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CASA ST PETERSBURG PO BOX 414 ST PETERSBURG, FL 33731	N/A	PC	OPERATIONS	5,000
CASHIERS ROTARY CLUB CHARITIES PO BOX 833 CASHIERS, NC 28717	N/A	SO I	OPERATIONS	1,000
CASHIERS-HIGHLANDS HUMANE SOCIETY PO BOX 638 CASHIERS, NC 28717	N/A	PC	OPERATIONS	2,000
CLASSIC STAGE CO 136 EAST 13TH STREET NEW YORK, NY 10003	N/A	PC	OPERATIONS	300
CLOTHES TO KIDS ST PETERSBURG 2168 34TH STREET SOUTH ST PETERSBURG, FL 33711	N/A	PC	OPERATIONS	3,000
COMMUNITY BIBLE CHURCH-MSSIONS 3645 CASHIERS ROAD HIGHLANDS, NC 28741	N/A	PC	OPERATIONS	4,000
DANA FARBER CANCER INSTITUTE PO BOX 970025 BOSTON, MA 02297	N/A	PC	OPERATIONS	1,000
DAYSTAR LIFE CENTER 226 6TH STREET S ST PETERSBURG, FL 33701	N/A	PC	OPERATIONS	2,000
EARLY LEARNING INDIANA 615 N ALABAMA STREET STE 300 INDIANAPOLIS, IN 46204	N/A	PC	OPERATIONS	5,000
EASTER SEALS FLORIDA 2403 E HENRY AVENUE TAMPA, FL 33610	N/A	PC	OPERATIONS	1,000
ESKENAZI HEALTH FOUNDATION 1001 WEST 10TH STREET INDIANAPOLIS, IN 46202	N/A	PC	OPERATIONS	1,000
FAMILY RESOURCES 5180 62ND AVENUE N PINELLAS PARK, FL 33781	N/A	PC	OPERATIONS	1,000
FIRST PRESBYTERIAN CHURCH -ST PETESBURG 701 BEACH DRIVE NE SAINT PETERSBURG, FL 33701	N/A	PC	OPERATIONS	3,000
FIRST PRESBYTERIAN CHURCH-HILTON HEAD 540 WILLIAM HILTON PARKWAY HILTON HEAD, SC 29928	N/A	PC	OPERATIONS	1,000
FIRST TEE ST PETERSBURG PO BOX 55913 ST PETERSBURG, FL 33732	N/A	PC	OPERATIONS	500
<b>Total . . . . .</b> ► <b>3a</b>				221,200



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FISHES AND LOAVES PO BOX 865 CASHIERS, NC 28717	N/A	PC	OPERATIONS	1,000
FLETCHER PLACE PO BOX 825 INDIANAPOLIS, IN 46206	N/A	PC	OPERATIONS	3,000
FOUNDATION FOR INT'L MISSIONS 701 BEACH DRIVE ST PETERSBURG, FL 33701	N/A	PC	OPERATIONS	1,000
FRIENDS FOR LIFE PO BOX 340 SAPPHIRE, NC 28774	N/A	PC	OPERATIONS	2,000
GLENVILLE-CASHIERS RESCUE SQUAD PO BOX 1633 CASHIERS, NC 28717	N/A	PC	OPERATIONS	500
GREAT EXPLORATIONS 1925 FOURTH STREET NORTH ST PETERSBURG, FL 33704	N/A	PC	OPERATIONS	6,000
HABITAT FOR HUMANITY SP 13355 49TH STREET N CLEARWATER, FL 33762	N/A	PC	OPERATIONS	1,000
HAPPY WORKER'S CHILDREN'S CENTER 920 19TH STREET S ST PETERSBURG, FL 33712	N/A	PC	OPERATIONS	3,000
HIGHLANDS CASHIERS HOSPITAL FOUND PO BOX 190 HIGHLANDS, NC 28741	N/A	SO I	OPERATIONS	3,000
HUMANE SOCIETY-PINELLAS COUNTY 3040 STATE ROAD 590 CLEARWATER, FL 33759	N/A	PC	OPERATIONS	1,000
INDIANA UNITED METHODIST CHILDREN'S HOME 515 W CAMP ST PO BOX 747 LEBANON, IN 46052	N/A	PC	OPERATIONS	1,000
IRISH REPERTORY THEATRE CO INC 132 W 22ND ST 2ND FLOOR NEW YORK, NY 10011	N/A	PC	OPERATIONS	250
KEEN THEATER COMPANY INC 520 8TH AVE SUITE 328 NEW YORK, NY 10018	N/A	PC	OPERATIONS	300
MANHATTAN THEATER CLUB 311 WEST 43RD ST NEW YORK, NY 10036	N/A	PC	OPERATIONS	1,000
MCC THEATER 231 W 29TH STREET SUITE 303 NEW YORK, NY 10014	N/A	PC	OPERATIONS	400
Total . . . . . ►				221,200
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MEMORY MATTERS PO BOX 22330 HILTON HEAD, SC 29925	N/A	PC	OPERATIONS	3,000
MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD ROOM 300 EAST LANSING, MI 48824	N/A	PC	OPERATIONS	2,000
MINT THEATER 311 WEST 43RD STREET SUITE 307 NEW YORK, NY 10036	N/A	PC	OPERATIONS	400
MUSEUM OF AMERICAN FINANCE 48 WALL STREET NEW YORK, NY 10005	N/A	PC	OPERATIONS	500
NEW GROUP 480 WEST 42ND ST NEW YORK, NY 10036	N/A	PC	OPERATIONS	250
NEW YORK MUSIC THEATRE FESTIVAL 1601 BROADWAY NEW YORK, NY 10019	N/A	PC	OPERATIONS	500
NEW YORK THEATER WORKSHOP 19 EAST 4TH STREET NEW YORK, NY 10003	N/A	PC	OPERATIONS	500
NORTH CAROLINA PUBLIC TELEVISION 10 TW ALEXANDER DRIVE PO BOX 14900 RESEARCH TRIANGLE, NC 27709	N/A	PC	OPERATIONS	1,500
NORTHWESTERN UNIVERSITY 1201 DAVIS ST EVANSTON, IL 60208	N/A	PC	OPERATIONS	2,000
PIEDMONT HOSPITAL INC 1968 PEACHTREE ROAD NW ATLANTA, GA 30309	N/A	PC	OPERATIONS	250
PLAYWRIGHTS HORIZON 416 WEST 42ND STREET NEW YORK, NY 10109	N/A	PC	OPERATIONS	750
PRIMARY STAGES COMPANY INC 307 WEST 38TH ST 1510 NEW YORK, NY 10018	N/A	PC	OPERATIONS	300
PUBLIC THEATER 425 LAFAYETTE ST NEW YORK, NY 10003	N/A	PC	OPERATIONS	1,000
PULMONARY FIBROSIS FOUNDATION 230 EAST OHIO STREET SUITE 304 CHICAGO, IL 60611	N/A	PC	OPERATIONS	1,000
QUILTS OF VALOR CASHIERS NC CHAPTER PO BOX 191 WINTERSET, IA 50273	N/A	PC	OPERATIONS	500
Total . . . . . ► 3a				221,200

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
RED BULL THEATER INC 191 SEVENTH AVENUE NO 25 NEW YORK, NY 10011	N/A	PC	OPERATIONS	500
ROUNABOUT THEATER CO 231 W 39TH STREET SUITE 1200 NEW YORK, NY 10138	N/A	PC	OPERATIONS	1,000
SALVATION ARMY PO BOX 2246 ST PETERSBURG, FL 33731	N/A	PC	OPERATIONS	2,000
SAVE THE CHILDREN PO BOX 326201 FAIRFIELD, CT 06825	N/A	PC	OPERATIONS	1,000
SIGNATURE THEATER 480 WEST 42ND STREET NEW YORK, NY 10036	N/A	PC	OPERATIONS	1,000
SPCA-TAMPABAY PO BOX 14506 ST PETERSBURG, FL 33733	N/A	PC	OPERATIONS	1,000
ST ANN'S WAREHOUSE 45 WATER STREET BROOKLYN, NY 11201	N/A	PC	OPERATIONS	300
ST ANTHONY'S HEALTHCARE FOUNDATION PO BOX 12588 ST PETERSBURG, FL 33733	N/A	PC	OPERATIONS	3,000
ST LUKES UMC 100 WEST 86TH STREET INDIANAPOLIS, IN 46260	N/A	PC	OPERATIONS	35,000
ST MARTIN DEPORRES 31555 HOOVER ROAD WARREN, MI 48093	N/A	PC	OPERATIONS	250
ST PETERSBURG FREE CLINIC 863 THIRD AVENUE N ST PETERSBURG, FL 33701	N/A	PC	OPERATIONS	35,000
ST VINCENT FOUNDATION 8402 HARCOURT ROAD SUITE 210 INDIANAPOLIS, IN 46260	N/A	SO I	OPERATIONS	1,000
STRAZ CENTER 1010 N WC MACINNES PLACE TAMPA, FL 33602	N/A	PC	OPERATIONS	2,000
SUNCOAST HOSPICE 5771 ROOSEVELT BLVD CLEARWATER, FL 33760	N/A	PC	OPERATIONS	1,000
THE ACTORS COMPANY THEATRE INC (AKA TACT) 900 BROADWAY SUITE 905 NEW YORK, NY 10003	N/A	PC	OPERATIONS	250
Total . . . . . ► 3a				221,200

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE PRESENT THEATRE COMPANY INC (AKA FRINGENYC) 518 E 6TH ST BW NEW YORK, NY 10009	N/A	PC	OPERATIONS	500
THEATRE FOR A NEW AUDIENCE INC (AKA TFANA) 154 CHRISTOPHER ST SUITE 3D NEW YORK, NY 10014	N/A	PC	OPERATIONS	500
THUMB INDUSTRIES INC 1263 SAND BEACH ROAD BAD AXE, MI 48413	N/A	PC	OPERATIONS	1,000
TIMMY FOUNDATION 22 E 22ND ST INDIANAPOLIS, IN 46202	N/A	PC	OPERATIONS	1,000
USGA 77 LIBERTY CORNER RD FAR HILLS, NJ 07931	N/A	PC	OPERATIONS	250
VILLAGE GREEN CASHIERS PO BOX 2201 CASHIERS, NC 28717	N/A	PC	OPERATIONS	5,250
VINEYARD THEATER 108 EAST 15TH STREET NEW YORK, NY 10003	N/A	PC	OPERATIONS	300
VIVIAN BEAUMONT THEATER INC (DBA LINCOLN CENTER THEATER) 150 WEST 65TH STREET NEW YORK, NY 10133	N/A	PC	OPERATIONS	1,000
WALTHER CANCER FOUNDATION 9292 N MERIDIAN STREET INDIANAPOLIS, IN 46260	N/A	PF	OPERATIONS	2,000
WEDU FLORIDA WEST COASTPUBLIC BROADCASTING 1300 NORTH BOULEVARD TAMPA, FL 33607	N/A	PC	OPERATIONS	1,500
YMCA CHRISTMAS FAMILIES 5600 FIRST AVENUE N SUITE 201 ST PETERSBURG, FL 33701	N/A	PC	OPERATIONS	1,000
Total . . . . . ► 3a				221,200

**TY 2016 Accounting Fees Schedule****Name:** BRIGHTON FOUNDATION TRUST

ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KATZ, SAPPER & MILLER	1,275	255		0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Expenditure Responsibility Statement

Name: BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

EIN: 35-2032393

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
WALTHER CANCER FOUNDATION INC	9292 N MERIDIAN ST SUITE 300 INDIANAPOLIS, IN 46260	2015-06-15	2,000	TO SUPPORT CANCER RESEARCH	2,000		DECEMBER 6, 2016	2016-12-06	

**TY 2016 Investments Corporate Stock Schedule**

**Name:** BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VANGUARD INDEX FDS VANGUARD TOTAL STK	1,135,374	1,833,588
SPDR S&P 500 ETF TRUST UNIT SER 1 S&P	0	0

**TY 2016 Legal Fees Schedule**

**Name:** BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,410	0		0



**TY 2016 Other Assets Schedule**

**Name:** BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDEND RECEIVABLE	8,451	0	0

**TY 2016 Other Expenses Schedule**

**Name:** BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	10	10		0

**TY 2016 Other Increases Schedule**

**Name:** BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

Description	Amount
GRANT CHECK UNCASHED AT YEAR'S END	250

**TY 2016 Taxes Schedule**

**Name:** BRIGHTON FOUNDATION TRUST  
ROBERT D MARKLEY TRUSTEE

**EIN:** 35-2032393

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES PAID	5,732	0		0