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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052 Open to Public Inspection

Fo	r cale	ndar year 2016 or tax year beginning		, and ending			
N	ame o	of foundation			A Employer identification	number	
	ROE	BERT J. LIGHTNER FOUNDAT	61-1130572				
		and street (or P O box number if mail is not delivered to stree	Room/suite	B Telephone number			
	753	36 HIGHWAY 42			859-586-54	75	
	-	town, state or province, country, and ZIP or foreign por SENCE, KY 41042	postal code		C If exemption application is p	end.ng, check here	
_		DRENCE, KY 41042 k all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here	
u	UHEU	Final return	Amended return	orner public charity			
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, imputation	
H	Chec	k type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	tus was terminated	
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here	
		narket value of all assets at end of year J Account	=	Accrual	F If the foundation is in a		
		Part II, col. (c), line 16)	ther (specify)	haere I	under section 507(b)(1)	(B), check here	
	<mark>≻</mark> \$ Part		T		(a) Adjusted not	(d) Disbursements	
L	art	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	600,000.				
	2	· —					
	3	Interest on savings and temporary cash investments	040 031	0.40 0.21	0.40 0.21	ama mpa (page 1	
	4		249,231.	249,231.	249,231.	STATEMENT 1	
	١.	a Gross rents		<u></u>			
يؤرة	6:	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	824,112.			STATEMENT 2	
20%		Gross sales price for all 6,616,279.					
8 20	7	Capital gain net income (from Part IV, line 2)		801,869.			
ζ,	8	Net short-term capital gain			782,319.		
DEC	9	Income modifications Gross sales less returns					
		and allowances					
		b Less Cost of goods sold c Gross profit or (loss)					
2	11		27,907.	0.	27.907.	STATEMENT 3	
	12		1,701,250.	1,051,100.	1,059,457.		
SCANNED -	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.	
97	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
	16	a Legal fees	5,975.	5,975.	0.	0.	
9		Accounting fees STMT 4	3,313.	3,313.	0.	0.	
u S	163 17 18 19 20 21 22 23 24 25	Other professional rescent RECEIVED 10		· 			
į	18	Taxes STMT (5)	11,932.	11,600.	0.	332.	
4	19	Depreciation and depietion? 1 2017	166,481.	0.	166,481.		
1	20	Occupand		***************************************			
Ž	21	Travel, conferences, and meetings UT		<u> </u>			
5	22	Printing and publications	50,805.	50,789.	0.	16.	
	23	Other expenses STMT 6 Total operating and administrative	30,803.	30,709.		10•	
Ş	5 24	expenses. Add lines 13 through 23	235,193.	68,364.	166,481.	348.	
ć	25	•	772,000.			772,000.	
		Total expenses and disbursements		,			
_		Add lines 24 and 25	1,007,193.	68,364.	166,481.	772,348.	
	į.	Subtract line 26 from line 12;	604 055				
		Excess of revenue over expenses and disbursements	694,057.	982,736.			
	1	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		JUZ,130 •	892,976.	 	
	, ,	rialantea not mounte (n negativo, enter o)	<u>. </u>				

Part II' Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End (of year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	172,310.	436,780.	436,780.
	2	Savings and temporary cash investments			<u> </u>
	1	Accounts receivable ► 1,911.			
	-	Less: allowance for doubtful accounts	3,135.	1,911.	1,911.
	1	Pledges receivable			2,322.
	١.	Less: allowance for doubtful accounts			
	5	Grants receivable			
	l _	Receivables due from officers, directors, trustees, and other			
	6				
	,	disqualified persons			
	'	Other notes and loans receivable Less; allowance for doubtful accounts			
		Inventories for sale or use	··-		
Assets	١.		5,897.	5,897.	5,897.
Ass	100	Prepaid expenses and deferred charges Investments - U.S. and state government obligations STMT 7	507,336.	1,455,869.	
	1		4,000,212.		
		· 1			
		·	1,064,511.	1,183,323.	1,166,143.
	111	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	ł	Investments - mortgage loans	1 572 204	2 (01 006	2 755 674
	13	Investments - other STMT 10	1,573,284.	2,691,886.	2,755,674.
	14	Land, buildings, and equipment: basis \triangleright 6, 756, 731.	2 251 520	2 100 165	2 400 465
		Less accumulated depreciation 3,566,564.	3,371,732.	3,190,167.	3,190,167. 14,277.
	ı	Other assets (describe STATEMENT 11)	11,076.	14,277.	14,277.
	16	Total assets (to be completed by all filers - see the	10 500 100	11 100 550	44 000 000
		Instructions. Also, see page 1, item I)	10,709,493.	11,403,550.	11,829,090.
	l	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iā.	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
lan	25	Temporarily restricted			
Net Assets or Fund Balance	26	Permanently restricted		<u></u>	
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ts o	27	Capital stock, trust principal, or current funds	3,211,160.	3,211,160.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž	29	Retained earnings, accumulated income, endowment, or other funds	7,498,333.	8,192,390.	
Š	30	Total net assets or fund balances	10,709,493.	11,403,550.	
	31	Total liabilities and net assets/fund balances	10,709,493.	11,403,550.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	10,709,493.
		amount from Part I, line 27a		2	694,057.
		Increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	11,403,550.
5	Decre	eases not included in line 2 (itemize)		5	0.

6

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

Part IV Capital Gains an	d Losses for Tax on Ir	nvestmen	t Income						
	e the kind(s) of property sold (e.g nouse; or common stock, 200 sh			(b)	How a - Purd - Don	cquired chase lation	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)
	a MERRILL LYNCH PUBLICLY TRADED SECURITIES P			VARI	ous	VARIOUS			
b STAN CORP - 170	SHS OF COMPUTE	RSHARE	E	1		P	VARI	ous	10/25/16
<u>c</u>									
d e				 					
	(f) Depreciation allowed	(a) Co	st or other basis				(h) G:	ain or (loss	. <u>. </u>
(e) Gross sales price	(or allowable)		expense of sale					(f) minus	
a 6,554,729.			5,772,41	0.		,			782,319
b 19,550.									19,550.
C		1							
d				-					
Complete only for assets showing g	iain in column (h) and owned by	l the foundation	n on 12/31/69				Gaine (C	ol. (h) gaın	minue
	(i) Adjusted basis		xcess of col. (i)	=		col.	. (k), but n	ot less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses ((from col. ((h))
a									782,319.
b									19,550.
С	····								
d									
e						<u></u>			
2 Capital gain net income or (net capital	If gain, also enter $\{f(loss), enter -0\}$			 	2				801,869.
, , ,	, ((),		,	7					001,003.
3 Net short-term capital gain or (loss): If gain, also enter in Part I, line 8, col	, ,	iu (o).		1					
If (loss), enter -0- in Part I, line 8			-	<u> </u>	3				782,319.
Part V Qualification Unc	ler Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private for	undations subject to the section 4	1940(a) tax on	net investment in	come	.)				
If section 4940(d)(2) applies, leave this i	oart blank.								
Was the foundation liable for the section	AQAQ tay on the distributable am	ount of any v	ear in the hace ner	chor					Yes X No
If "Yes," the foundation does not qualify i				iou ·					165 [A NO
1 Enter the appropriate amount in each				ntries					
(a) Base period years	(b)			(c)				Distrib	(d) oution ratio
Calendar year (or tax year beginning i	n) Adjusted qualifying dist	tributions	Net value of nor	nchar	ıtable-	use assets	(ided by col. (c))
2015		9,149.				9,349			.095539
2014	-	<u>3,759.</u>				<u>2,977</u>			.088602
2013		1,046.				$\frac{4,517}{2,200}$.126453
2012 2011		5,045. 0,045.				2,299 4,052			.132964
2011	07	0,0=3.	_		, 0 ,	4,034	1		.123373
2 Total of line 1, column (d)							2		.573531
3 Average distribution ratio for the 5-ye	ar base period - divide the total o	on line 2 by 5,	or by the number	of yea	ars			-	
the foundation has been in existence							3		.114706
4 Enter the net value of noncharitable-u	se assets for 2016 from Part X, I	ine 5					4		<u>8,513,200.</u>
5 Multiply line 4 by line 3							5		976,515.
• F. J. 40/ . /	10/ - (D- + 1 1 07L)								0 007
6 Enter 1% of net investment income (1% of Part I, line 27b)						6		9,827.
7 Add lines 5 and 6							7		986,342.
r riuu iiriba o ariu o									<u> </u>
B Enter qualifying distributions from Pa	rt XII, line 4						8		772,348.
If line 8 is equal to or greater than line See the Part VI instructions.	e 7, check the box in Part VI, line	1b, and comp	lete that part using	y a 1%	6 tax r	ate.			

	MISSIPPI (2010) ROBERT U. LIGHTNER FUNDATION 01-11			Page 4
Ь	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	ee ins	tructi	ons)
1:	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
1	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		<u>19,</u>	<u>655.</u>
	of Part I, line 27b			
(c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		19,	655.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		19,	655.
6	Credits/Payments:			·
8	a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 9,942.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
(d Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d		9.	942.
8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9.	713.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax			
	art VII-A Statements Regarding Activities			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	$\neg r$	Ye	s No
	any political campaign?	18	-	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	11		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u> </u>	'	+^
	distributed by the foundation in connection with the activities	-		
	Did the foundation file Form 1120-POL for this year?			- T
	·	. <u> 10</u>	+	X
u	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
	(1) On the foundation. \$\(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers. ► \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2	-	<u> X</u>
	If "Yes," attach a detailed description of the activities.		1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	+	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_4b	4—	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.	ł	ĺ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	İ		
	By language in the governing instrument, or		1	j
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	-		1
	remain in the governing instrument?	. <u>6</u>		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<u> </u>
				ł
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_		
	KY	_		
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? If "No," attach explanation	85	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 X 13 If "Yes," attach statement (see instructions) 14 The foundation comply with the public inspection requirements for its annual returns and exemption application? 15 Website address WWW.POTTERSRANCH.ORG 16 PRIAN LIGHTNER Located at 7536 HIGHWAY 42, FLORENCE, KY Telephone no. 859-817-2234 ZIP+4 41042 17 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 17 N/A		art VI A Statements negarang Astivities (continued)			
section 57(2(k) (13)° k1 res,* attach schedule (see instructions) 10 ofthe floundation make a distribution to a donor advised fund over which the foundation or a disqualhed person had advisory privileges? 11 Yes,* attach statement (see instructions) 12 ofthe floundation comply with the public inspection requirements for the annual returns and exemption application? 13 but he floundation comply with the public inspection requirements for the annual returns and exemption application? 14 The books are in care of ▶ BRIAN LIGHTYNIRR 15 Section 4947(a)(1) nonexempt charactable trusts filing form 990-Filin lieu of Form 1041 Check here and either the annual neturns and exemption application? 15 Section 4947(a)(1) nonexempt charactable trusts filing form 990-Filin lieu of Form 1041 Check here and either the annual returns and exemption application and either diseased or actured during the year 16 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 during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities, or other financial account in a foreign during the securities for the securities for exchange, or issain of financial fina			Ì	Yes	No
12	11				
If Yes, attach statement (see instructions) 12	40	•••	11		X
19 Did the Foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ➤ ₩WW.POTTERSRANCH.ORG. 14 The books are in care of ▶ BRTAN_LIGHTNER Located at ▶ 7536 HIGHWAY 42, FLORENCE, XY IT He books are in care of ▶ BRTAN_LIGHTNER Located at ▶ 7536 HIGHWAY 42, FLORENCE, XY IT HE Seaton 497(4)(1) monexempt charactals trusts thing form 990-FF in less of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, enter the name of the foreign country. See the instructions for exceptions and ling requirements for FinCEN Form 1420 May Be Required File Form 4720 it any item is checked in the "Yes" column, unless an exception applies. 15 Diagnory and the foundation (either directly or indisectly): 16 Sparre to the seed of exceptions, or indisectly it is a disqualified person? 17 Explores in the sale or exchange, or issant approperty with a disqualified person? 18 File Form 4720 it any item is checked in the "Yes" No 14 Psy compensation to, or pay or reminists the expenses of, a disqualified person? 19 File Form 4720 it any items to a disqualified person? 19 File Form 4720 it any items to a disqualified person? 20 File Form 4720	12	· · · · · · · · · · · · · · · · · · ·	1,0		
Website address Merry POTTERSRANCH, ORG If The books are no care of Merry Potter Stranch LIGHTMER Located at Merry 1536 HIGHWAY 42, FLORENCE, KY 15. Section 947(a)(1) nonexempt charable trusts timp form 990+PF in lieu of Form 1041 - Check here and enter the meanun of tax-exempt interest received or accrued furming the year 16. At any time durring cleaned 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? See the instructions for exceptions and fining requirements for FinCEN Form 114, II Yes, enter the name of the foundation for exceptions and fining requirements for FinCEN Form 114, III Yes, enter the name of the foundation of the financial account in a foreign country? See the instructions for exceptions and fining requirements for FinCEN Form 114, III Yes, enter the name of the foundation of the financial account in a 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. 18. During the year of the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leaaning of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise actend credit to (or accept it from) and signal fine person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation lo, or pay or reimburs the expenses of, a disqualified person? (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)? (6) Agree to pay money or orioperty to a government official? (Exception, Check 'No' if the foundation angage in a princy set in any of the acts fail to qualify under the exceptions described in Regulations section 5. Pyla S. No If the foundation angage in a princy set in any of the acts fail to qualify under the excep	12			v	
14 The books are mare of ▶ BRIAN LIGHTNER Located at ▶ 75.36 HIGHWAY 42, FLORENCE, KY 15 Section 4947(a)(1) nonexempt charitable trusts thing form 990-PF in leu of Form 1041 - Check here and enter the amount of lax-exempt interest rosewed or accrued during the year At any time during cliendar year 2016, did the floundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, enter the name of the foreign country ▶ Part VIII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 ir any titen is checked in the "Yes" column, unless an exception applies. 1 Deagage in the sale or exchange, or leasing of property with a dequalified person? 2 Borrow money from, lend money to, or otherwise extend credit to (or accept if from) a disqualified person? 3 Firmship doods, services, or facilities to (or accept them from) a disqualified person? 4 Pey compensation to, or pay or reminius the expenses of, a disqualified person? 5 Firmship rany income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person) (or accept them from) a disqualified person? 5 Firmship rany income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person) (or district or sole of the activation of powernment service, if terminating within 90 disqus). 5 If any answer is "Yes" IN No 6 Jarya sharing or property to a government office? (Exception, Check 'No' of the foundation angage in a make a grant to or to employ the official for a period after termination of powernment service, if terminating within 90 disqus,) 5 If any answer is "Yes" to 1a(1)-(6), did any of the acts fact to qualify under the exceptions described in Pagulations stephing on a current notice regarding disaster assistance (see instructions)? 6 Organizations relying on a	10	·	13	<u> </u>	<u>. </u>
t. Ocaded at № 75.36 HIGHWAY 42, FLORENCE, KY Section 4947(a)(1) nonexempt charable trusts fling form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exampt interest received or accreed dump the year 16. At any time during claindary 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? See the instructions for exceptions and fining requirements for FinCEN Form 114. If Yes,* enter the name of the foreign country. Part VIII-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. 1a During the year off the foundation (either directly or indirectly); (1) Engage in the sale or exchange, or leasing of property with a disqualified person? 2) Borrow money from, lend money to, or otherwise exend credit to (or accept it from) a disqualified person? 3) Furnish goods, services, or facilities to (or accept time from) a disqualified person? 4) Person year or property to a government official for a special person? 4) Person year or property to a government official for a period date retirementation of government service, if terminating within 90 days. 5) If Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available or the first day of the tax year beginning in the provisions described in Regulations section 53.44 (10)-3 or in a current notice regarding disaster assistance (see instructions)? (2) Taxes on failure to distribution and the acts described in 18, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 2) Taxes on failure to distribution in the acts described in 18, other than excepted acts, that were not corrected before the first day of the tax year sundistributed income? (If applying section 4942)(2) to all years isle	14		7-2	234	
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16 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. 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. 1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualited person? (2) Borrow money from, lend money it, or ortherwise extend credit to (or accept if from) a disqualited person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualited person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (6) Agree to pay money from perty to a government official? (Exception, Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b) If any is answer is "Yes" to 14(1)-(6), did any of the acts assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? Organizations of section 4942(16)(3) or 4942(16)(5): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for			N	/A	_
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(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)): a 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? If "Yes," list the years Yes No If "Yes," list the years Yes No If "Yes," list the year's undistributed income? (If applying section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) If "Yes," list the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? If yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? If yes, "If yes," did the foundation hade 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		· · · · · · · · · · · · · · · · · · ·			
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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2016) ROBERT J. LIGHTNER FOUNDATION 61-1130572 Page 6						
(1) Carry on propaganda, or otherwase attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(g)(4)(A)? (see instructions) (4) Provide a grant to a registration of travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(g)(4)(A)? (see instructions) (6) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(g)(4)(A)? (see instructions) (7) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(g)(4)(A)? (see instructions) (8) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(g)(4)(A)? (see instructions) (9) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(g)(A)(A)(A)(B) (A)(A) (A)(A) (A)(A) (A)(A) (A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)			
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the prevention of cruelty to children or animals? b if any answer is Yes' to Sa(1)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c if the answer is Yes' to question 53.494, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes' to differ the grant? If Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, file Form 8870 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, file Form 8870 1 List all officers, directors, brustees, foundation managers and their compensation. (a) Name and address (b) Titls, and average (c) Compensation (fill not paid, enter 0-) ROBERT J. LIGHTNER PRESIDENT/TREASURER/DIRECT 7.536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	4945(d)(4)(A)? (see instructions)		Y	es 🗶 No			
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Section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance sheek here of if the answer is "yes" to question 53 (4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes" to 6b, file Form 8870 If "Yes" to 6b, file Form	the prevention of cruelty to children or animals?		Y	es LX No			
Organizations relying on a current notice regarding disaster assistance check here c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? if Yes, "attach the statement required by Regulations section 53 4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hour sper week devoted for position (fill not paid, either either 4-2) FLORENCE, KY 41042 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	ın Regulations				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted position (c) Compensation (file) Co	section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5 b		
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position of the properties tead plans allowances. ROBERT J. LIGHTNER PRESIDENT/TREASURER/DIRECT 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Organizations relying on a current notice regarding disaster assistance check h	nere					
## Yes, "attach the statement required by Regulations section 53 4945-5(d) 15 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ## Yes ** to 6b, fulle Form 8870 ## Yes ** to 8b, fulle Form 8870	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average to position of the properties o	expenditure responsibility for the grant?	Ŋ	1/A Y	es No			
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes," tid the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position enter-0-) compensation enter-0-1 compensation account, other allowances ROBERT J. LIGHTNER PRESIDENT/TREASURER/DIRECT 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	If "Yes," attach the statement required by Regulations section 53 494	5-5(d)					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (fill not paid, enter -0-) ROBERT J. LIGHTNER PRESIDENT/TREASURER/DIRECT 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceededs or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if no	a personal benefit contract?		Y	es LXJ No			
7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? A life Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A. 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (a) Name and address (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (If not paid, enter-o) compensation (If not paid, enter-o) compensation and deterring allowances and dete	${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a ${f p}$	ersonal benefit contract?		<u> </u>	Sb X		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	•				l		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (linot paid, enter -0-) (linot p			Y				
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid, enter -0					7b		
1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted (position of position) (lf not paid, enter -0-) compensation (lf not paid, enter -0-) (motified paid)	ees, Foundation Ma	nagers, Highl	y				
(a) Name and address (b) Title, and average hours per week devoted to position (lf not paid, enter -0-) ROBERT J. LIGHTNER PRESIDENT/TRE ASURER/DIRECT 7536 HIGHWAY 42 FLORENCE, KY 41042 TOO O. O. O. O. O. O. O. O. O. O. O. O. O							
ROBERT J. LIGHTNER PRESIDENT/TREASURER/DIRECT 7536 HIGHWAY 42 FLORENCE, KY 41042 TOUCH PRESIDENT/SECRETARY/D TOUCH PRESIDENT/SECR	1 List all officers, directors, trustees, foundation managers and their	,	(c) Compensation	(cf) Contributions to	(a) Evpance		
ROBERT J. LIGHTNER PRESIDENT/TREASURER/DIRECT 7536 HIGHWAY 42 FLORENCE, KY 41042 TOUCH PRESIDENT/SECRETARY/D TOUCH PRESIDENT/SECR	(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	account, other		
7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0. WESLEY W. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0. BRIAN K. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0.0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee and deterred hours per week devoted to position (e) Expense account, other allowances				compensation	allowances		
FLORENCE, KY 41042 WESLEY W. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 TOO 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		PRESIDENT/TRE	ASURER/DI	RECT			
WESLEY W. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 BRIAN K. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 Tool 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00			0		
FLORENCE, KY 41042 BRIAN K. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 TLORENCE, KY 41042 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans addressed account, other allowances					<u> </u>		
FLORENCE, KY 41042 BRIAN K. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0. 0.0.0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation addressed account, other allowances		AICE LKESIDEN	I / SECKETA	KI/D			
BRIAN K. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042 1.00 0.0.0.0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation addressed account, other allowances		1 00	1	ا م ا	0		
7536 HIGHWAY 42 FLORENCE, KY 41042 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plass and deferred compensation addressed account, other allowances			•	0.			
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benti plans and deferred compensation account, other allowances		DIRECTOR					
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans addressed account, other allowances		1 00	l	ا م ا	0		
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit peas account, other allowances	FHORENCE, RI 41042	1.00	•	•			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit peas account, other allowances							
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit peas account, other allowances							
(a) Name and address of each employee paid more than \$50,000 Thours per week devoted to position (c) Compensation Address of each employee paid more than \$50,000 Thours per week devoted to position (c) Compensation address of each employee paid more than \$50,000 address of each employee paid more than \$50,000 Thours per week devoted to position	2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."				
(a) Name and address of each employee paid more than \$50,000 indirect devoted to position devoted to position allowances		(b) Title, and average		i employee benefit plans i	(e) Expense		
NONE	(a) Name and address of each employee paid more than \$50,000		(c) Compensation	and deferred compensation	allowances		
	NONE						
				1			
				<u> </u>			
				<u> </u>			
Total number of other employees paid over \$50,000	Table number of other ampleuses and our #E0 000		<u> </u>		<u> </u>		
Total number of other employees paid over \$50,000	TOTAL HUMBER OF OTHER EMPROYEES PAIN OVER ΦΟΟ, Ο Ο Ο			Form			

Form 990-PF (2016) ROBERT J. LIGHTNER FOUNDATION	61-1	130572 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Nation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E.*	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		1
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 infor	mation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, et	3.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.	· · ·	
3		
Total. Add lines 1 through 3	<u> </u>	0.
		Form 990-PF (2016)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations, s	ee instructions)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
a A	Average monthly fair market value of securities	1a	8,337,013.
b /	Average of monthly cash balances	1b	291,553.
c F	air market value of all other assets	1c	14,277.
d 1	Total (add lines 1a, b, and c)	1d	8,642,843.
e F	Reduction claimed for blockage or other factors reported on lines 1a and		
1	ic (attach detailed explanation)		
2 <i>A</i>	Acquisition indebtedness applicable to line 1 assets	2	0.
3 8	Subtract line 2 from line 1d	3	8,642,843.
4 0	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	129,643.
5 N	let value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,513,200.
6 N	Ainimum investment return Enter 5% of line 5	6	425,660.
Pai	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certain	
	foreign organizations check here 🕨 🕱 and do not complete this part.)		
1 1	Ainimum investment return from Part X, line 6	1	
2a T	ax on investment income for 2016 from Part VI, line 5		
b ii	ncome tax for 2016. (This does not include the tax from Part VI.)		
c A	odd lines 2a and 2b	2c	
3 D	histributable amount before adjustments. Subtract line 2c from line 1	3	<u></u>
4 F	Recoveries of amounts treated as qualifying distributions	4	
5 A	add lines 3 and 4	5	
6 D	deduction from distributable amount (see instructions)	6	
7 D	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Pai	rt XII Qualifying Distributions (see instructions)		
1 A	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	xpenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	772,348.
	Program-related investments - total from Part IX-B	1b	0.
	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	imounts set aside for specific charitable projects that satisfy the:		
	iuitability test (prior IRS approval required)	3a	
	ash distribution test (attach the required schedule)	3b	
	lualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	772,348.
	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		172,540.
	ncome. Enter 1% of Part I, line 27b	5	0.
	djusted qualifying distributions. Subtract line 5 from line 4	6	772,348.
	lote: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
N	4940(e) reduction of tax in those years.	uannes IVI l	no accuun

Part XIII Undistributed Income (see	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e 4 Qualifying distributions for 2016 from				<u> </u>
Part XII, line 4: > \$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				· · · · · · · · · · · · · · · · · · ·
5 Excess distributions carryover applied to 2018				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017	· · · · · · · · · · · · · · · · · · ·			
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013			}	
c Excess from 2014				
d Excess from 2015			[
e Excess from 2016				

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

Form 990-PF (2016)

NONE

NONE

c Any submission deadlines:

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C)	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b	_	· · · · · · · · · · · · · · · · · · ·			
C	_				
d			<u> </u>		
e			_		
f	_	-	<u> </u>		
g Fees and contracts from government agencies			ļ <u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash	Ì		Ì		
investments			1 4	040 004	<u> </u>
4 Dividends and interest from securities	-		14	249,231.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property 7 Other investment income					
8 Gain or (loss) from sales of assets other			-		
than inventory			18	824,112.	
9 Net income or (loss) from special events			10	024,112.	
O Gross profit or (loss) from sales of inventory	453220				
1 Other revenue:	233220	- "	 		
a ADVERT/OTHER SPONSORS					5,907.
b RECOGNIZED GAINS ON	-				3,307.
c DONATED PROPERTY	-				22,000.
d	-		ļ ———		22,000
e		 -			· · · · · · · · · · · · · · · · · · ·
2 Subtotal. Add columns (b), (d), and (e)		0.		1,073,343.	27,907.
3 Total. Add line 12, columns (b), (d), and (e)	<u></u>			13	1,101,250.
See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which in	•	• •	contrib	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other that					
11A THE FOUNDATION PROVIDE					
AT STRENGTHENING FAMIL					
TO DEFER SOME OF THE					
THE RANCH ALL RELATE					
11C THE FOUNDATION INITIA					
TRAINING, EDUCATING,					
MISSION OF THE FOUNDAY		JOI THE CHILD	1/17174	AND IMITUIDE	WIIII IIII
BIBBION OF THE TOURSE.		· ······			
					
				<u></u>	

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Par	XVII		egarding Transfers i	To an	nd Trans	actions	and F	Relations	hips With I	Nonchari	table	е	
1 E	ıd the o		rectly engage in any of the fol	llowing	with any oth	er organizati	ion desc	cribed in sect	ion 501(c) of			Yes	No
			c)(3) organizations) or in section										
			fation to a noncharitable exem									1	
(1) Cash	1									1a(1)		Х
(2) Othe	r assets								l l	1a(2)		Х
b 0	ther trai	nsactions;											
(i) Sales	s of assets to a noncharita	able exempt organization							ļ	1b(1)	<u></u>	X
(2	2) Purc	hases of assets from a no	oncharitable exempt organizati	ЮП						,	1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets							.].	1b(3)		X
(4	I) Reim	bursement arrangements	3							ļ	1b(4)	نــــــا	X
(i) Loan	s or loan guarantees									1b(5)		X
(6	6) Perfo	ormance of services or me	embership or fundraising solic	citations	;						1b(6)		X
	_		ailing lists, other assets, or pai								1c		X
			"Yes," complete the following									sets,	
		* * * * * * * * * * * * * * * * * * * *	foundation. If the foundation re		less than fa	ır market valı	lue in an	y transaction	or sharing arra	ngement, sho)W IN		
C	olumn (d		other assets, or services rece										
a) Line	no	(b) Amount involved	(c) Name of nonchar		xempt orgai	nization	- '	d) Description	of transfers, trans-	actions, and sha	arug ar	rangeme	nts
			N/	<u>'A</u>			_						
	_						_						
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2a le	the fou	ndation directly or indirec	tly affiliated with, or related to,	ODE OF	more tay-e	vemnt organi	uzatione	described				-	
			r than section 501(c)(3)) or in			compt organi	120110113	acsoribca			Yes	X] No
		omplete the following sch			. 02,							بهما	, ,,,
	, , , ,	(a) Name of org		(1	b) Type of c	rganization	1	(c) Description of	f relationship			
		N/A											
	-												
			that I have examined this return, inc								e IRS c	liscuss th	nis
Sign	and b	elief, it is true, correct, and con	nplete Declaration of preparer (other	er than ta	xpayer) is bas	ed on all inform	nation of	FOUNDE	R &	return v	with the	prepare	×
Here		TOM Y	Sylvine		<u> </u>	<u> 13-17</u>		CHAIRM	AN	🖾	Yes		No
	Sigi	nature of officer or trastee			Date		Tit						
		Print/Type preparer's na		r's sign	ature /	7/100	Date	/ /	Check ı	f PTIN			
		JEFFREY R.	SCHMIDT,	ua K	Zline	XXXX	////	2/12	self- employed				
Paid		CPA		1.7		<u> </u>		<u>'''/</u>	1	P000			
_	arer	Firm's name ► HAY	ES, NELTNEB &	SCI	HMIDT	, P.S.	C.	,	Firm's EIN	61-114	41	66	
use	Only												
		Firm's address > 25	O GRANDVIEW D	RIVI	E, SU	ITE 12	20						

FT. MITCHELL, KY 41017-5610

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization Employer identification number ROBERT J. LIGHTNER FOUNDATION 61-1130572 Organization type (check one) Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

ROBERT J. LIGHTNER FOUNDATION

61-1130572

Part I	Contributors (See instructions) Use duplicate copies of Part I	of additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT J. LIGHTNER 7536 HIGHWAY 42 FLORENCE, KY 41042	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ROBERT J. LIGHTNER FOUNDATION

61-1130572

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
:		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					

Name of orga	INIZATION		Employer identification number						
ROBERT	J. LIGHTNER FOUNDATION	N	61-1130572						
Part III	the year from any one contributor. Complete	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations						
	completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or	r less for the year (Enterthis info once) \$						
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
·									
<u> </u>									
		(e) Transfer of gif	t						
Ì	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
-									
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(b) Fulpose of gift	(c) Ose of gift	(d) Description of now girt is need						
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	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
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-	(e) Transfer of gift								
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
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-									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
} -		 							
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		(e) Transfer of gift	:						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
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FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
HERITAGE CD INTEREST MERRILL LYNCH	0.	0.	0.	0.	0.
ACCRETION MERRILL LYNCH	<14,085.>	0.	<14,085.	> <14,085.>	<14,085.>
ACCRUED INTEREST MERRILL LYNCH	3,201.	0.	3,201.	3,201.	3,201.
DIVIDENDS MERRILL LYNCH	182,642.	0.	182,642.	182,642.	182,642.
INTEREST	77,473.	0.	77,473.	77,473.	77,473.
TO PART I, LINE 4	249,231.	0.	249,231.	249,231.	249,231.

FORM 99	0-PF	GAIN OR	(LOSS)	FROM	SALE	OF	ASSETS		STA	TEMEN'	г 2
DESCRIP	(A) TION OF PROPER	ΓY					MANNER ACQUIRED		ATE UIRED	DATE	SOLD
	LYNCH PUBLICLY SECURITIES	Y					PURCHASED	VAR	ious	VAR	ious
	(B) GROSS	(COSI	C) r OR		(D) ENSE	OF	(E)			(F)	
	SALES PRICE	OTHER	BASIS		SALE		DEPREC	•	GAIN	OR LO	oss
	6,554,729	5,7	772,410	•		0.		0.		782	319.
DESCRIP	(A) TION OF PROPERT	ГY					MANNER ACQUIRED		ATE UIRED	DATE	SOLD
STAN CO COMPUTE	RP - 170 SHS OF RSHARE	 ऱ					PURCHASED	VAR	IOUS	10/2	25/16
	(B) GROSS	COST	C) COR		(D) ENSE	OF	(E)			(F)	
		OTHER			SALE	-	DEPREC.	•	GAIN	OR LC	SS
•	19,550.	•	0 .			0.		0.		19,	550.
DESCRIP	(A) FION OF PROPERT	Ϋ́					MANNER ACQUIRED		ATE UIRED	DATE	SOLD
COMPANY	VEHICLE - TRAI	LER					PURCHASED	01/	26/12	06/2	9/16
	(B) GROSS	(C COST			(D) ENSE	OF	(E)			(F)	
	SALES PRICE	OTHER			SALE		DEPREC.		GAIN	OR LO	SS
-	0.		4,084.			0.	2,99	0.		<1,	094.>

DESCRIP	(A) TION OF PROPERTY	•			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLI
RECREAT	ON EQUIPMENT -	— BOAT			PURCHASED	01/26/12	06/29/16
	(B) GROSS	(C) COST OR	(D) EXPENSE	ਜ਼ੁ	(E)		(F)
	SALES PRICE	OTHER BASIS	SALE	01	DEPREC	. GAIN	OR LOSS
	42,000.	56,920.		0.	38,25	57.	23,337.
DESCRIP	(A) TION OF PROPERTY				MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
FARM EQ	UIPMENT - TRACTO	R			PURCHASED	08/22/98	09/01/16
	(B)	(C)	(D)	0.	(E)		(F)
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF.	DEPREC.	GAIN	OR LOSS
	0.	36,400.		0.	36,40	00.	0.
DESCRIP'	(A) TION OF PROPERTY				MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
RECREAT	ION EQUIPMENT -	BOAT		•	PURCHASED	09/05/08	09/01/16
	(B)	(C)	(D)	^=	(E)		(F)
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPREC.	GAIN	OR LOSS
	0.	14,000.		0.	14,00	0.	0.
NET GAII	N OR LOSS FROM S	ALE OF ASSETS					824,112.
CAPITAL	GAINS DIVIDENDS	FROM PART IV					0.
TOTAL TO	O FORM 990-PF, P.	ART I, LINE 6A					824,112.

FORM 990-PF	OTHER :	INCOME	S	STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ADVERT/OTHER SPONSORS RECOGNIZED GAINS ON DONATED	_	5,907.	0.	5,907.
PROPERTY		22,000.	0.	22,000.
TOTAL TO FORM 990-PF, PART I,	LINE 11	27,907.	0.	27,907.
FORM 990-PF	ACCOUNT	ING FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,975.	5,975	0.	0.
TO FORM 990-PF, PG 1, LN 16B	5,975.	5,975	0.	0.
FORM 990-PF	KAT	KES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID ON INVESTMENTS OTHER EXCISE	4,100. 332. 7,500.	0.	0.	0. 332. 0.

	OTHER I	EXPENSES			STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTEI NET INCOM		(D) CHARITABLE PURPOSES	
INVESTMENT EXPENSES MISCELLANEOUS	50,789 16	•	50,789.		0.	0. 16.	
TO FORM 990-PF, PG 1, LN 23	50,805	50,789.		0. 16			
FORM 990-PF U.S. AND S	STATE/CITY (GOVERNMENT	OBLIC	GATIONS	STATEMENT	7	
DESCRIPTION	U.S GOV		воог	(VALUE	FAIR MARKE VALUE	T	
GOVERNMENT BONDS	X		1,	455,869.	1,435,685.		
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS		1,	455,869.	1,435,6	85.	
TOTAL STATE AND MUNICIPAL GOV	ZERNMENT OBI	LIGATIONS				نتي.	
TOTAL TO FORM 990-PF, PART II	, LINE 10A		1,	455,869.	1,435,6	<u> </u>	
		:			=	85.	
FORM 990-PF	CORPORAT	TE STOCK			STATEMENT	8	
	CORPORAT	TE STOCK		VALUE		8	
DESCRIPTION	CORPORAT	TE STOCK	воок		STATEMENT FAIR MARKE	8 T	
FORM 990-PF DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART II		TE STOCK	воок	VALUE	STATEMENT FAIR MARKE VALUE	8 T	
DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART II			воок	VALUE 423,440.	STATEMENT FAIR MARKE VALUE 2,822,5	8 T	
DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART II FORM 990-PF	, LINE 10B		BOOK 2,	VALUE 423,440.	STATEMENT FAIR MARKE VALUE 2,822,5 2,822,5	8 T 56.	
DESCRIPTION CORPORATE STOCKS	, LINE 10B		BOOK 2, 2,	VALUE 423,440. 423,440.	STATEMENT FAIR MARKE VALUE 2,822,5 2,822,5 STATEMENT FAIR MARKE	8 T 56. 56.	

FORM 990-PF	THER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	2,691,886.	2,755,674.
TOTAL TO FORM 990-PF, PART II, L	INE 13	2,691,886.	2,755,674.
FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST RECEIVABLE	11,076.	14,277.	14,277.
TO FORM 990-PF, PART II, LINE 15	11,076.	14,277.	14,277.