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EXTENDED TO NOVEMBER 15, 2017

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

16

Open to Public

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2016 calendar year, or tax year beginning an	d ending		
В	Check i applicat	C Name of organization		D Employer identi	fication number
	Addr- chan-	POTTERS RANCH INC.			
	Name chan-			80-0	0853967
	lpitial		Room/si	uite E Telephone numb	er
	Final	7536 US 42		<u>859</u> -	<u>-586-547</u> 5
	lermi aled	City or town state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,092,865.
	Amer return	FLORENCE, KI 41042		H(a) Is this a group	return
L	Appli tion pend	F Name and address of principal officer ROBERT U. DIGHTNE		for subordinate	s? Yes X No
		1/536 US HIGHWAY 42, FLORENCE, KY 410		H(b) Are all subordinates	included? Yes No
		empt status X 501(c)(3)) or		a list (see instructions)
		te > WWW.POTTERSRANCH.ORG	1	H(c) Group exemption	
	Form o	forganization X Corporation Trust Association Other ► Summary	I L Y	ear of formation 2012	M State of legal domicile KY
e	1	Briefly describe the organization's mission or most significant activities POT	rer's	RANCH EXISTS	TO PROMOTE
SS Governance		THE KINGDOM OF GOD AND THE LIFE PRINCIP	LES C	ONTAINED IN T	THE BIBLE,
ern:	2	Check this box if the organization discontinued its operations or disp	osed of m	nore than 25% of its net a	ssets
	3	Number of voting members of the governing body (Part VI line 1a)		3	6
	1 4	Number of independent voting members of the governing body (Part VI, line 1b))	4	6
CHNINES &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Z	6	Total number of volunteers (estimate if necessary)		6	0
잡	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
- - -	b	Net unrelated business taxable income from Form 990 T, line 34			
) ר		0		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII line 1h)		830,414.	
e e	9	Program service revenue (Part VIII, line 2g)	SIVE	0.	<u> </u>
ع ۾	10		EIVED	27,115. 2469,221.	57,534.
j Ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line, 12):		7 I,326,750.	394,772. 1,264,538.
		Grants and similar amounts paid (Part IX column (A), lines 13)	2 7 20	$\frac{17}{166}$ $\frac{130.730.}{0.}$	1,264,536.
		Benefits paid to or for members (Part IX, column (A), line 4)	-	= 1 0.	0.
v	1	Salaries, other compensation, employee benefits (Part IX, column'(A), lines 5 10	1213 1	529,794.	502,033.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	' j	0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	-yh, '	1
ωĵ	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		358,184.	351,565.
	18	Total expenses Add lines 13 17 (must equal Part IX column (A), line 25)	Ţ	887,978.	853,598.
	19	Revenue less expenses Subtract line 18 from line 12	Ī	438,772.	
10 S	3			Beginning of Current Year	End of Year
Sets	20	Total assets (Part X line 16)		1,319,263.	1,745,548.
Net Assets or	21	Total liabilities (Part X, line 26)	ļ	30,399.	45,744.
	22	Net assets or fund balances Subtract line 21 from line 20		<u>1,288,864.</u>	1,699,804.
		Signature Block	_		
		illies of perjury, I declare that I have examined this return including accompanying schedu			ny knowledge and belief, it is
true	e, correc	at, and complete Declaration of preparer (other than officer) is based on all information of v	vhich prepa	arer has any knowledge	2 / 7
_		Signature of officer			
Sig			. 3 .T	Daic	
He	re	ROBERT J. LIGHTNER, FOUNDER & CHAIRMA	77.V		
_		1		Date Check	PTIN
Pai	d	Print/Type preparer s name JEFFREY R. SCHMIDT, CPA Preparer s signature JEFFREY R. SCHMIDT, CPA	CPA	11/6/17 In self emplo	
	parer	Firm's name HAYES, NELTNER SCHMIDT, P.S.O	-	Firm's EIN	61-1144166
	Only	Firm's address 250 GRANDVIEW DRIVE, SUITE 120		1 11111 0 1114	<u> </u>
	•	FT. MITCHELL, KY 41017-5610		Phone no 85	9-341-4040
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 11		ions		Form 990 (2016)

Form 990 (2016)

Form 990 (2016) POTTERS RANCH INC.

Part IV Checklist of Required Schedules

			_Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If 'Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If 'Yes,* complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes, ' complete Schedule C, Part II	_4_		X
5	Is the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments or			
_	similar amounts as defined in Revenue Procedure 98 19? If 'Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	i		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art historical treasures, or other similar assets? If "Yes," complete			v
9	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ		
	If "Yes," complete Schedule D, Part IV			v
10	Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9_		_X_
10	endowments or quasi endowments? If "Yes," complete Schedule D. Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII IX, or X	10	<u>-</u> - +	Δ.
•	as applicable		_ n	
а	Did the organization report an amount for land buildings, and equipment in Part X. line 10? If 'Yes," complete Schedule D.			
	Part VI	11a	x	1
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	\mathbf{x}	
С	Did the organization report an amount for investments program related in Part X. line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
	Part X line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate independent audited financial statements for the tax year? If Yes, complete			
	Schedule D, Parts XI and XII	12a		_ <u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	
19	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>X</u>
13	Did the organization maintain an office, employees, or agents outside of the United States?	13	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ľ	X
15	Did the organization report on Part IX, column (A) line 3, more than \$5,000 of grants or other assistance to or for any	-1-10		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX column (A) line 3, more than \$5,000 of aggregate grants or other assistance to		\neg	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A) lines 6 and 11e? If 'Yes, complete Schedule G, Part I	17		X
18	Did the organization report more than \$15 000 total of fundraising event gross income and contributions on Part VIII lines			
	1c and 8a? If Yes, complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
		Form	990 c	2016\

	and an analysis of the state of			
	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5 000 of grants or other assistance to or for domestic individuals on			•
	Part IX, column (A), line 2? If 'Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		}
	last day of the year, that was issued after December 31 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If 'No., go to line 25a	24a		_X_
þ	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	!	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete	ŀ	:	
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 6 or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes, complete Schedule L, Part III	27	-=1	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		a	-9 -1
	instructions for applicable filing thresholds, conditions, and exceptions)		ا المنتجي	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee or direct or indirect owner? If "Yes, complete Schedule L, Part IV	28c		<u>X</u> _
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art historical treasures, or other similar assets or qualified conservation			37
0.4	contributions? If Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate or dissolve and cease operations? If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange dispose of or transfer more than 25% of its net assets? If "Yes, 'complete	31		<u>X</u>
JE	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	
•	sections 301 7701 2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and	33		
-	Part V, line 1	34		Y
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{x}{x}$
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	330		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non charitable related organization?	000	-	
	If Yes, complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	===		
	and that is treated as a partnership for federal income tax purposes? If "Yes, complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note All Form 990 filers are required to complete Schedule O	38	_x	_
			990 (2016)

0.111.000		 000000	1 645
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
,-	Check if Schedule O contains a response or note to any line in this Part V		Γ

	· · · · · · · · · · · · · · · · · · ·			_	-
		1.1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable		-	1	7
р	Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable		의 -	-	_
С	Did the organization comply with backup withholding rules for reportable payments to vendors and i	еропавіе датіпд	١. ٠	" " "	17
_	(gambling) winnings to prize winners?	1 (1c	ļ. —	
2a	Enter the number of employees reported on Form W 3 Transmittal of Wage and Tax Statements,			, - - -	
	filed for the calendar year ending with or within the year covered by this return	2a (1	1	1
b	If at least one is reported on line 2a did the organization file all required federal employment tax retu		2b	314	
	Note If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instruction	S)	1_	314	* * *
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	^	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If 'No " to line 3b, provide an explanation in Schedule		3b	ļ	
4a	At any time during the calendar year did the organization have an interest in, or a signature or other	•	_		v
_	financial account in a foreign country (such as a bank account, securities account, or other financial	account)/	4a	,	X
b	If "Yes " enter the name of the foreign country See instructions for tiling requirements for Fig.CEN Form 114. Based of Foreign Reply and Fig. 114.	Accounts (EDAD)	.	1	" - n
E.,	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	(CCOUNTS (FBAR)	- '		Late.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	nation?	5a		_X _X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transalf 'Yes,' to line 5a or 5b, did the organization file Form 8886 T?	action?	5b	-	
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and did to	ho organization policit	5c		_
ua	any contributions that were not tax deductible as charitable contributions?	ne organization solicit	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts	0a		<u>. A</u>
	were not tax deductible?	nons or gine	6b		
7	Organizations that may receive deductible contributions under section 170(c)			# ") h (12)	1,47
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the navor?	7a		X
b	If "Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell-exchange, or otherwise dispose of tangible personal property for which it w	as required			-
	to file Form 8282?	,	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	, <u> </u>	. ,	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098 C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	ह , रे	- T	<u></u>
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds		- 2	5	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	<u></u>	- 7
10	Section 501(c)(7) organizations Enter	l I	i	3	諈
	Initiation fees and capital contributions included on Part VIII line 12	10a	- 5	U	
	Gross receipts included on Form 990 Part VIII, line 12 for public use of club facilities Section 501(c)(12) organizations Enter	10b	F .	14-y-14	(*
11	Gross income from members or shareholders	•••	<u></u>	111 -	- 4
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	ar.	P. S.	- 2
D	amounts due or received from them)	11b		75-1	
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form	·	12a		-4 <u>7</u> -
	If "Yes," enter the amount of tax exempt interest received or accrued during the year	12b	,	<u>-</u> }	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers	120	1 <u>.</u> '	1 12g	e - 1
	Is the organization licensed to issue qualified health plans in more than one state?		13a	*;dav	F - d
_	Note See the instructions for additional information the organization must report on Schedule O		i ,	1	- T. C.
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1.	7	7
_	organization is licensed to issue qualified health plans	13b	1 4	, l	d f
С	Enter the amount of reserves on hand	13c] ,	2- ^	. Te
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If 'Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O	14b		
		· · · · · · · · · · · · · · · · · · ·		000	20.45

80-0853967 Page **6**

Form 990 (2016) POTTERS RANCH INC. 80 – 0853967 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No ' response

	to line 8a, 8b or 10b below describe the circumstances, processes, or changes in Schedule O. See instructions		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			-140
10	If there are material differences in voting rights among members of the governing body, or if the governing		- 1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		tt.	
h				-
	Enter the number of voting members included in line 1a above who are independent 1b 6 Did any officer, director trustee or key employee have a family relationship or a business relationship with any other		4.	
2		_	X	•
2	officer director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers directors or trustees, or key employees to a management company or other person?	_		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<u>X</u>
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
5		5		<u>X</u>
6	Did the organization have members or stockholders?	_6	_	<u> X</u>
7a				37
L	more members of the governing body?	7a		<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b	**************************************	<u>X</u>
8	Old the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_		
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee or key employee listed in Part VII, Section A, who cannot be reached at the	_		7.5
200	organization's mailing address? If 'Yes," provide the names and addresses in Schedule O	9		<u>X</u>
360	tion B Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40	Did the account of the colored should be about a secretary of the table		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^4	<u>X</u>
	Describe in Schedule O the process if any, used by the organization to review this Form 990	-	•	" "强"
	Did the organization have a written conflict of interest policy? If *No," go to line 13	12a	-	_ <u>x</u> _
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe	40-		
40	in Schedule O how this was done	12c		- -
13	Did the organization have a written whistleblower policy?	13	-	X
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	;	1 2	'ı='''
_	persons comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive Director or too management official.	46-		v
	The organization's CEO, Executive Director or top management official	15a		<u>X</u>
D	Other officers or key employees of the organization	<u>1</u> 5b	ام د وع	X
16^	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	٠ .	اد ما المسلم اد ما المسلم	
ioa	taxable entity during the year?	160	`- 	X,
h	If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	- دے	<u>.</u>
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization s	- 1	3-13± ±1	- 4
	exempt status with respect to such arrangements?	16h	1	
Sec	tion C Disclosure	_16b_[
17	List the states with which a copy of this Form 990 is required to be filed ►KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 and 990 T (Section 501(c)(3)s only) a	vailabl	le	
	for public inspection. Indicate how you made these available. Check all that apply	- wilde		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents conflict of interest policy and	financ	nal	
13	statements available to the public during the tax year	, iai r	rui	
20	State the name address, and telephone number of the person who possesses the organization's books and records			
	ROBERT J. LIGHTNER - 859-817-2234			
	7536 HIGHWAY 42, FLORENCE, KY 41042			
	<u>ro</u> go mitomuni id, fidonimon, ni iliota			

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Form	990	(2016)	

POTTERS RANCH INC.

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

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Page 7

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

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

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

List persons in the following order undividual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per week	offi	(do not check more than one box unless person is both ai officer and a director/trustee			is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W 2/1099 MISC)	organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) ROBERT J LIGHTNER	1.00							_		
CHAIRMAN/DIRECTOR_	1.00	Х		X	_	_	_	0.	0.	0.
(2) WESLEY W LIGHTNER	1.00	l								
VICE PRESIDENT/DIRECTOR	1.00	X		X		<u> </u>		0.	0.	0
(3) JERRY DELANEY	1.00							_	_	_
DIRECTOR	1.00	X						0.	0.	0.
(4) MIKE SIPPLE	1.00			ŀ					_	
DIRECTOR	1.00	X				<u></u>		0.	0.	0 .
(5) N JEFFREY BLANKENSHIP	1.00			l .				_	_	
<u>DIRECTOR</u>	1.00	X		L.		Ĺ		0.	0.	0.
					-					
	-									
							_			
			-							
		-								
									<u> </u>	
	-	-								
		-								
										··
	1	1								

Form 990 (2016) POTTERS	RANCH II	NC.							80-0	<u>853</u>	967 Page 8
Part VII Section A Officers, Directors, Trus	T	ploy	ees,			ghe	st C		es (continued)		
(A) Name and title	Average hours per week	offic	not c	Pos heck ss pe	ntion more	than is bot	h an	(D) Reportable compensation from	compensation	on	(F) Estimated amount of other
	hours for related	Individual trustee or director	Institutional frustee	Officer	Xey employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	_		compensation from the organization and related organizations
			-								
		_									
·											
	II, Section A						>	0.		0.	0. 0.
Name and title Average work Ave											
· · · · · · · · · · · · · · · · · · ·			ke	у еп	nplo	yee,	or l	highest compensated e	mployee on		Yes No
4 For any individual listed on line 1a, is the st and related organizations greater than \$15	um of reportab 0,000? <i>If</i> 'Yes,	le co ' <i>coi</i>	mple	ete S	Sche	dule	Jf	or such individual	-		4 X
rendered to the organization? If 'Yes, com							elati	ed organization or indivi	dual for services		. ,
the organization Report compensation for	-	-						the organization's tax		npens	
	address	NC	NE	<u> </u>			1		ervices		(C) compensation
			_				+				
			_								<u></u>
2 Total number of independent contractors (i	ncluding but n	ot lır	— nited	d to	thos	se lis	sted	above) who received m	ore than	7	
\$100,000 of compensation from the organi								·			FF

Form 990 (2016) POTTERS RANCH INC.

Part VIII Statement of Revenue

	,	Check if Schedule O con	tains a response	or note to any li	ne in this Part VIII					
					(A) Total revenue	(B) Related o exempt fund revenue		(C) Unrelated business revenue	3	(D) Revenue excluded from lax under sections 512 - 514
ifts, Grants ir Amounts	b	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c			- THE CO.				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribu All other contributions, gifts, grants similar amounts not included about	tions) 1e nts, and ove 1f	812,232.		The state of the s	-	· · ·		
<u>3 g</u>	h	Total Add lines 1a 1f		► Business Code	812,232.	THE STATE OF THE S	-	-		2 G F
Program Service Revenue	2 a b c d								,	
Prog	e f	All other program service reve	enue							
	g	Total Add lines 2a 2f				_=====================================			-	की हैं है
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties	•	•	31,349.				_	31,349.
	6 a		(ı) Real	(II) Personal	The state of the s		· -		, der 1 7 7 1 7 7	
	c d		// Socurition	(II) Other				# 1 	. 	ا سيد مرس
		assets other than inventory Less cost or other basis and sales expenses	(i) Securities 854,454. 828,269.	(ii) Other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	2-1	-	
_	d	Gain or (loss)	26,185.	•	26,185.	26,1	35.	4 1	1	
Other Revenue	b	including \$ contributions reported on line Part IV, line 18 Less direct expenses	of of see a		The state of the s		- 1		, - a	
	9 a	Net income or (loss) from funi Gross income from gaming at Part IV, line 19 Less direct expenses		>	1	##	-	den	च्छ-स 	7h, 1° 1
	c 10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances	ning activities returns a	1,469.	, , , , , , , , , , , , , , , , , , ,		-	1	-	
		Net income or (loss) from sale		<u>58.</u> ▶	1,411.	1,4	<u> 11.</u>	-	- 1	
}		Miscellaneous Revenu	ıe	Business Code		7 20 4 0	<u>.</u>			1 4 4 4 4 1
		RETREAT FEES	ONICOR	624100 624100	384,825. 6,036.	384,82 6,03		 .		
		ADVERT/OTHER SE	ROGRAM	624100	2,500.	2,50				
		All other revenue		<u></u>	2,555.	2,5				
		Total Add lines 11a 11d	•	•	393,361.	* "" = " "	_	~ '		
	12	Total revenue. See instructions		•	1.264.538.	420.95	57.		0.	31.349.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	(B)	(C) Management and	_	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	FL e	indraising xpenses
1	Grants and other assistance to domestic organizations				-	
	and domestic governments. See Part IV, line 21		_	<u> </u>	-	<u> </u>
2	Grants and other assistance to domestic			•	-	1
	individuals See Part IV line 22	<u> </u>			[.4	
3	Grants and other assistance to foreign				* - *	· ··
	organizations, foreign governments, and foreign			•	-	ŧ ~
_	individuals See Part IV, lines 15 and 16	-			}	<u></u>
4	Benefits paid to or for members			٠ - ,		
5	Compensation of current officers, directors				1	
_	trustees and key employees				+	
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
7	persons described in section 4958(c)(3)(B) Other salaries and wages	397,765.	397,765.		+	
8	Pension plan accruals and contributions (include	331,103.	391,103.		-	 <u>-</u>
0	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits	104,268.	104,268.		 	
10	Payroll taxes	104,200.	104,200.		 	
11	Fees for services (non employees)				†	
''a	Management					
b	Legal				· 	
c	Accounting	5,298.	5,298.		 	
d	Lobbying	3/2300	3,2300			<u>-</u>
e	Professional fundraising services See Part IV, line 17		4 - Table 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	7 " 1 " 1 1 T T		
ſ	Investment management fees	7,145.	7,145.			
g	Other (If line 11g amount exceeds 10% of line 25,					
•	column (A) amount, list line 11g expenses on Sch O)	290.	290.			
12	Advertising and promotion	4,277.	4,277.			
13	Office expenses	3,286.	3,286.	<u></u>		
14	Information technology					
15	Royalties					
16	Occupancy	50,459.	50,459.			
17	Travel					
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	<u></u>				
20	Interest					
21	Payments to affiliates				ļ	
22	Depreciation, depletion, and amortization	19,971.				
23	Insurance	41,193.	41,193.		ļ	
24	Other expenses Hemize expenses not covered above (List miscellaneous expenses in line 24e III line	2 AP 2				, <u></u>
	24e amount exceeds 10% of line 25, column (A)	^{क्र} केस्स् जिल्लाक	1 7	,	<u> </u>	
	amount, list line 24e expenses on Schedule O)				1.2	<u>_</u>
а	FOOD EXPENSE	67,558.	67,558.			
b	REPAIRS & MAINTENANCE	55,758.	55,758.		 	
C	FARM EXPENSE	42,882.	42,882.		 	
d	OUTSIDE SERVICES	14,100.	14,100.		 	
	All other expenses	39,348.	39,348.		-	
25	Total functional expenses Add lines 1 through 24e	853,598.	833,627.	0.	 	0.
26	Joint costs Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educationa) campaign and fundraising solicitation					
	Check here rif following SOP 98 2 (ASC 958 720)					DON /0010

POTTERS RANCH INC.

<u>Pa</u> r	t X	Balance Sheet	<u></u>			
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash non interest bearing		20,146.	1	38,289
	2	Savings and temporary cash investments			2	
-	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		453.	4	843
1	5	Loans and other receivables from current and fo	ormer officers, directors.	* 2	٠	7.
		trustees key employees, and highest compensations		954		
		Part II of Schedule L	. , ,	_	5	·
	6	Loans and other receivables from other disqualr	fied persons (as defined under	- -		
		section 4958(f)(1)) persons described in section		- -	į	
		employers and sponsoring organizations of sect	_	# E	}	, , ,
,		employees' beneficiary organizations (see instr)		l ne e	6	1-
733613	7	Notes and loans receivable, net	20p.0.0	100,000.	7	100,000
ĉ	8	Inventones for sale or use		4,491.	8	5,633
	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment cost or other	l I	್ ಇ ತ್		
		basis Complete Part VI of Schedule D	10a 209,732.		, 7 , •	F. 7
	h	Less accumulated depreciation	10ь 56,945.	96,276.	10c	152,787
	11	Investments publicly traded securities	30/3131	30,2701	11	132,70,
	12	Investments other securities See Part IV, line 1	1	1,097,897.	12	1,447,996
	13	Investments program related See Part IV line		1,057,057.	13	1,447,550
	14	Intangible assets	• •		14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal	al line 341	1,319,263.	16	1,745,548
	17	Accounts payable and accrued expenses	ar inte 047	30,399.	17	45,744
	18	Grants payable		50,555.	18	45,144
	19	Deferred revenue			19	
	20	Tax exempt bond liabilities		_	20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
,	22	Loans and other payables to current and former		4-F2-1	,	7#F ³
Liabilities		key employees, highest compensated employee	•			
		Complete Part II of Schedule L	s and diequalines percents	[= <u>- </u>	22	
ן נֿ	23	Secured mortgages and notes payable to unrela	ited third narties		23	······
	24	Unsecured notes and loans payable to unrelated	<u>-</u>		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other habilities not included on lines				
		Schedule D	The Complete Carrier		25	
	26	Total frabilities Add lines 17 through 25		30,399.	26	45,744
		Organizations that follow SFAS 117 (ASC 958), check here	To the state of		1. " #u.£"
م ا		complete lines 27 through 29, and lines 33 an		625 Zu.	ļ.,	ا المارية الم
ruilu balailees	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
ָבָּי (29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗓	F 7	Ĭ.	
-		and complete lines 30 through 34	,, 		, ·	- 1 mm
2	30	Capital stock or trust principal, or current funds		0.	30	O
ואבן שפפבופ ח	31	Paid in or capital surplus, or land building, or eq	uipment fund	0.	31	0
5	32	Retained earnings, endowment, accumulated in		1,288,864.	32	1,699,804
ן צ	33	Total net assets or fund balances	,	1,288,864.	33	1,699,804
	34	Total liabilities and net assets/fund balances		1,319,263.	34	1,745,548
		a			•	Form 990 (201

Form	990 (2016) POTTERS RANCH INC.	<u> 80-08</u>	53967	Page 12
Pai	t,XI Reconciliation of Net Assets		· · · · · · · · ·	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII column (A) line 12)	1	1,264	<u>,538.</u>
2	Total expenses (must equal Part IX column (A), line 25)	2	853	,59 <u>8.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>4</u> 10	,940.
4	Net assets or fund balances at beginning of year (must equal Part X. line 33, column (A))	4	1,288	<u>,864.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,699	,804.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				'es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		<u> </u>	ř.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		-==
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 <u>a</u>	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	1 1	1
	separate basis consolidated basis, or both		1 1: =	
	Separate basis Consolidated basis Both consolidated and separate basis		1 · ·	ğ u
b	Were the organization s financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	آلو اد د تا	
	consolidated basis, or both		3 4	- · · · · · · · · ·
	Separate basis Consolidated basis Both consolidated and separate basis		r. 5	, , ,
С	If 'Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	_ [~ · ·
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	73	. 별 - 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	_ ! = !	
	Act and OMB Circular A 133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9 !	90 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

➤ Attach to Form 990 or Form 990-EZ

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

2016

Open to Public

Employer identification number

POTTERS RANCH INC. 80-0853967 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 1 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990 EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name 4 city and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4) 12 An organization organized and operated exclusively for the benefit of, to perform the functions of or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s) typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type II. Type II. Type III. functionally integrated, or Type III non functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (m) FIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1.10) organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990 or 990 EZ) 2016 POTTERS RANCH INC. Part-II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(=) 2014	(4) 2016	(-) 001G	(n. T-+-1
	Gifts, grants contributions and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Tota!
•	membership fees received (Do not				i	1	
	include any "unusual grants ")						
2	Tax revenues levied for the organ	<u> </u>	_				
2	ization's benefit and either paid to					<u> </u>	
	or expended on its behalf						
2	The value of services or facilities					-	
3	furnished by a governmental unit to						
	the organization without charge						
4	Total Add lines 1 through 3						
	The portion of total contributions	75. La B	S. Taring	5-1 5-2-1	what a -	ुर , मूर	
3	by each person (other than a		. T	The second of th	المُرْسُورُ ا		
	governmental unit or publicly			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- rga		
	supported organization) included	生, 生,		\$ 5 P	≘ [±] →		
	on line 1 that exceeds 2% of the	100 mm = "- 6	Light of the	The second secon	- 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	amount shown on line 11	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7-14	A		
	column (f)	1.5	==(.5 ´ 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	[TEN	
6	Public support Subtract line 5 from line 4	". T. ". T. ".	# 1 CT 4 1		,	YAT .	
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	ļ					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital					i	
	assets (Explain in Part VI)		<u> </u>				
	Total support Add lines 7 through 10		(2)	建工业工	4 7€ 2€ [™]		
	Gross receipts from related activities	•	•			12	
13	First five years If the Form 990 is for		first second, thir	of fourth, or fifth ta	ix year as a sectioi	n 501(c)(3)	, 🖂
Sec	organization, check this box and stop tion C. Computation of Publi		centage			 	▶∟
	Public support percentage for 2016 (I			column (f))		14	%
	Public support percentage from 2015		, ,			15	%
	33 1/3% support test - 2016 If the o			n line 13, and line	14 is 33 1/3% or m		_
	stop here The organization qualifies	as a publicly supp	orted organization	1			ightharpoons
b	33 1/3% support test - 2015 If the o	organization did no	t check a box on !	line 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	t - 2016 If the orga	anization did not d	check a box on line	13, 16a or 16b, a	and line 14 is 10% o	r more
	and if the organization meets the "fac	ts and circumstand	ces' test, check th	nis box and stop h	ere Explain in Par	t VI how the organiz	ation
	meets the "facts and circumstances"	test. The organizat	tion qualifies as a	publicly supported	lorganization		▶□
b	10% -facts-and-circumstances test	t - 2015 If the orga	anization did not c	check a box on line	13, 16a, 16b or 1	7a, and line 15 is 10	0% or
	more, and if the organization meets th	ne 'facts and circui	mstances' test cl	heck this box and :	stop here Explain	in Part VI how the	
	organization meets the "facts and circ	umstances' test ⁻	The organization o	qualifies as a public	cly supported orga	ınızatıon	▶□
18_	Private foundation If the organization	n did not check a t	oox on line 13 16	a, 16b, 17a or 17b	, check this box a	nd see instructions	<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed by Section A Public Support	elow_please.com	plete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts grants contributions and	(a) EO I E	<u> </u>	(6) 2014	(0) 2015	(6) 2010	(i) Total
membership fees received (Do not		i				
include any 'unusual grants ')		1138344.				1138344.
Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the			,			
organization's tax exempt purpose		1,367.	<u>-</u>			<u>1,367.</u>
3 Gross receipts from activities that						
are not an unrelated trade or bus						
iness under section 513						<u> </u>
4 Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities				+		
furnished by a governmental unit to						
the organization without charge						
6 Total Add lines 1 through 5		1139711.				1139711.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the						
amount on line 13 for the year				 	 	0.
c Add lines 7a and 7b		1 1 7 * 1	etise.	1		1139711.
8 Public support (Subtract line 7 ction line 6) Section B. Total Support	<u> </u>	<u> </u>	<u>i. l</u>	<u>.7 .7%% - 15.2'</u>		11733/11.
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		1139711.				1139711.
10a Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources		2,398.				2,398.
b Unrelated business taxable income						
(less section 511 laxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2,398.				2,398.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI)		304,731.				<u>304,731.</u>
13 Total support (Add lines 9 10c 11 and 12)		1446840.				1446840.
14 First five years If the Form 990 is for	the organization s	s first, second third	fourth, or fifth	tax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here						_
Section C Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2016 (ine 8, column (f) di	ivided by line 13-c	olumn (f))		15	<u>78.77 %</u>
16 Public support percentage from 2015	Schedule A, Part	III, line 15			16	<u>78.77 %</u>
Section D Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lin	e 13, column (f))	17	.17 %
18 Investment income percentage from :	2015 Schedule A,	Part III, line 17			18	.17 %
19a 33 1/3% support tests - 2016 If the			on line 14, and li	ne 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3% check this box a						$\triangleright X$
b 33 1/3% support tests - 2015 If the						and
line 18 is not more than 33 1/3% che						▶ 🛄
20 Private foundation If the organization	n did not check a	box on line 14, 19a	i, or 19b, check	this box and see in	estructions	<u>▶□</u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If No, describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes, explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes, answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes,* describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes " describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only Was any added or substituted supported organization part of a class already designated in the organization s organizing document?
- c Substitutions only Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor or a 35% controlled entity with regard to a substantial contributor? If 'Yes, complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes, complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes, provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Pert VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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of its supported organizations? If "Yes, describe in Part VI the role played by the organization in this regard

ec	tion C - Distributable Amount			4 T	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	100-	".d" h.y	
2	Enter 85% of line 1	2_	ra lazar. a.s	r#L	
3	Minimum asset amount for prior year (from Section B, line 8 Column A)	3	计数位数	ا ^{ایسا} ا	
4	Enter greater of line 2 or line 3	4	广成 : 1.1	, , , 4	
5	Income tax imposed in prior year	5		v (5.1	
6	Distributable Amount Subtract line 5 from line 4, unless subject to		4 1 · 4	, ,	
	emergency temporary reduction (see instructions)	6	# ?=-; !==# -1;	, ,	
7	Check here if the current year is the organization's first as a non functionally	ıntegi	ated Type III suppor	ting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

S

Sect	ion D - Distributions							Curre	ent Year	
1	Amounts paid to supported organizations to accomplish exe	empt pur	poses							
2	Amounts paid to perform activity that directly furthers exempted to perform activity that directly further activity that directly further activity that directly further activity that directly further activity that directly further activities act	pt purpo	ses of suppo	rted						
	organizations in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpos	es of su	pported orga	nization	าร					
4	Amounts paid to acquire exempt use assets							<u> </u>		
5_	Qualified set aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI) See instructions									
7	Total annual distributions Add lines 1 through 6									
8	Distributions to attentive supported organizations to which t	he orgar	nization is res	ponsiv	e					
	(provide details in Part VI) See instructions									
9	Distributable amount for 2016 from Section C line 6									
10	Line 8 amount divided by Line 9 amount									
	•		(1)			(n)			 (III)	
		Exce	ss Distribut	ons	1	rdistribu		l	butable	
Sect	ion E - Distribution Allocations (see instructions)	ļ			'	Pre-2016	3	Amoun	t for 2016	
1	Distributable amount for 2016 from Section C, line 6	### =		٠-			, <u>E</u>			
2	Underdistributions if any, for years prior to 2016 (reason	۳	. 4 4 +,	3				a 25	, ,	
	able cause required explain in Part VI) See instructions	₹ - -,	, L -4					1	, , , , , , , , , , , , , , , , , , , ,	
3	Excess distributions carryover if any to 2016	~- 7	- VE 13.		1 1,			<u>i</u>	£.,,	
а	11年十二年 1		, , , , , , , , , , , , , , , , , , ,	- A	e poh t	. 1	T	€ , 2 ° 7 °38° 29	#== , ¥ 1	
ь	His Win as you , he was a ser in the	Tase			الم المالية المرأب أب		- μη - μη	-743,202,10 120,21	3 1 2	
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е	From 2015	ではおい	# 1 7 m	- OZ	# # # #			7	7-tr 7 , .	
f	Total of lines 3a through e				15 PA T.		, <u>6</u> -2	- 42° F	* 3. '	
	Applied to underdistributions of prior years		- 1 PP - 7	<u>.</u>				_	1 T T	
	Applied to 2016 distributable amount	-T-F	7 - 5 %	٠, ٠	anda h		1,7°			<u> </u>
1		r 1 🚊	77 B 1972	٠.	* \$		£4"	() 	F 19	
ī	Remainder Subtract lines 3g, 3h, and 3i from 3f		•		4	37	1 1		Totals .	
4	Distributions for 2016 from Section D.	드죠살	्र का हा टे केस प्रश्ने क	1	· +42=	ŕ	- '	7 27-		: !
Š	line 7 \$		4.7	۵-					~42 T	,
a	Applied to underdistributions of prior years	7-0-12		7				***EEE .	marur L d T -	_
	Applied to 2016 distributable amount	#_#- #	- 3 行 中央、	<u>, ~.</u>	ر خار ت اب		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
C	Remainder Subtract lines 4a and 4b from 4					- ,	13.5	13.TF 2	_== 4-,-	1
5	Remaining underdistributions for years prior to 2016, if		1 - 1		· · · · ·	·		i	134 2	
	any Subtract lines 3g and 4a from line 2. For result greater	,		6 .				F = #	·	٤
	than zero, explain in Part VI. See instructions		47.7 3.0 47.7 3.0							
6	Remaining underdistributions for 2016 Subtract lines 3h	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1 - # - # - # - # - # - # - # - # - # -	Ţ.,	17 1. 4 1.		- J F 4,		::	
	and 4b from line 1. For result greater than zero, explain in	r - 15 a	ـــــــــــــــــــــــــــــــــــــ		- 7		! u			
	Part VI See instructions	(640 H) 	1. 5 mb - 2	4-	pa (-22) 42	-,	- 1			
7	Excess distributions carryover to 2017 Add lines 3				다 #		۽ 'رُ ت		र ।	- i
	and 4c				, , , , , , , , , , , , , , , , , , ,	1.1	3 př.		1	
8	Breakdown of line 7	E-1 - 5 +		y	3 fr 3 .	7.5	-,1	1 ₂ ,	1 1	
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	Excess from 2015	 					÷ '- j≠	-19-	-	
	Excess from 2016	- -	, J. 10 May 2	ŗ,	4 - +		, m. a ,		,, ·	
										

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990 EZ) 2016 POTTERS RANCH INC.	80-0853967 Page 8
Part VI	Supplemental Information Provide the explanations required by Part II line 10, Part II, line 17a Part IV Section A lines 1 2 3b, 3c 4b, 4c, 5a, 6 9a, 9b, 9c 11a 11b, and 11c Part IV, Section B line Ine 1 Part IV Section D lines 2 and 3 Part IV Section E lines 1c 2a 2b, 3a and 3b Part V line 1 Part Section D lines 5, 6, and 8 and Part V Section E, lines 2 5 and 6 Also complete this part for any additional (See instructions)	t or 17b, Part III line 12 s 1 and 2, Part IV, Section C, rt V Section B, line 1e Part V.
		
-		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990
► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

2016
Open to Public Inspection

Name of the organization Employer identification number POTTERS RANCH INC. 80-0853967 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes on Form 990 Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements Complete if the organization answered 'Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes on Form 990, Part IV line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990 Part VIII line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990 Part X

		RANCH INC							53967	
Pai	t III Organizations Maintaining (
3	Using the organization's acquisition access	ion, and other recor	ds chec	k any of the	following that a	are a sign	uficant	use of Its	collection	ıtems
	(check ail that apply)									
а	Public exhibition	•	d \square	Loan or exc	change program	ıs				
b	Scholarly research		e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization s c	ollections and expla	un how th	nev further i	the organization	's exemp	arua ta	ose in Par	t XIII	
5	During the year did the organization solicit of				-					
Ů	to be sold to raise funds rather than to be m					onnia a	33010		Yes	□ No
Par	t IV Escrow and Custodial Arran				•	oc'on Fe	orm OO	O Port IV		<u></u>
	reported an amount on Form 990, Pa		iete ii ti ie	Olganizani	on answered in	es on re) III 33	J Failiv,	iiile 9 Oi	
							-1 al1	 -		
1a	Is the organization an agent trustee custod	ian or other interme	diary for	contributio	ns or other asse	ets not in	ciuaea		٦	
	on Form 990 Part X?		_					L	Yes	No
b	If "Yes, explain the arrangement in Part XIII	and complete the fo	oliowing	table					<u> </u>	
							<u> </u>		Amount	
С	Beginning balance						1c_			
d	Additions during the year						1d_			
е	Distributions during the year						1e_			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or c	ustodial accour	nt liability	7		Yes	No
b	If 'Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has beer	provided on Pa	art XIII				
Pai										
	· ·	(a) Current year	1	rior year	(c) Two years t		Three	years back	(e) Four v	ears back
1a	Beginning of year balance	.,(4)	(~)	<u>, , , , , , , , , , , , , , , , , , , </u>	(9)				(3) :)	
b	Contributions									
	Net investment earnings gains, and losses									
C	* *		ļ			 				
	Grants or scholarships									
е	Other expenditures for facilities					ľ				
	and programs		Y		<u> </u>					
f	Administrative expenses		ļ							
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi endowment		%							
b	Permanent endowment	%								
¢	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	t are held a	and administered	d for the	organiz	zation		
	by								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	chedule R?	,				3b	$\overline{}$
4	Describe in Part XIII the intended uses of the	· ·								
	t'VI, Land, Buildings, and Equipm		OWNIEN	undo						
· · · · · ·	Complete if the organization answere		O Part IV	/ line 11a 9	See Form 990 F	Part X fin	10 م			
		I			t or other	(c) Accu			(a) Daale	
	Description of property	(a) Cost or o		• •	1	` '			(d) Book	/aiue
		basis (invest	inerit)	Dasis	(other)	uepie	ciation			
	Land		222		- 4					101
b	Buildings	28,	333.				<u>2,1</u>	52.	26	<u>,181.</u>
С	Leasehold improvements									
d	Equipment	181,	399.			5	4,7	93.	126	<u>,606.</u>
е	Other									
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	t X. colun	nn (B) line i	10c)			▶	152	,787.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 POTTERS RAINC	LUC.		80	<u>-0853</u>	96/ Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or end	of year m	narket value
(1) Financial derivatives	·				
(2) Closely held equity interests	· · · · · · · · · · · · · · · · · · ·				
(3) Other (A) GOVERNMENT BONDS	174,063.	COST	· · · · · ·		
	202,663.	COST			
(C) CORPORATE STOCKS	354,381.	COST	· · · · · · · · · · · · · · · · · · ·		
(D) MUTUAL FUNDS	716,889.	COST			
(E)	7107003.	CODI	- ·		 -
(F)	·				
(G)					 ,
(H)			-		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	1,447,996.	2.5			
Part VIII Investments - Program Related.	<u> </u>	<u></u>			
Complete if the organization answered 'Yes" of	on Form 990. Part IV. line	11c. See Form 990	Part X, line 13		
(a) Description of investment	(b) Book value		aluation Cost or end	of year m	arket value
(1)					
(2)				 -	
(3)			•	·	<u>.</u>
(4)					
(5)					
(6)			<u> </u>		
	<u> </u>				
(8)					
(9)	<u> </u>				•
Total (Col (b) must equal Form 990, Part X, col (B) line 13)		-4 - 14 + 4 - 1	. 1	- 1-2	
Part IX Other Assets					
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d See Form 990,	Part X, line 15		
(a) D	escription			(b) B	look value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					<u> </u>
(9)		<u>.</u>			
Total (Column (b) must equal Form 990, Part X col (B) line	15)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes" or			n 990 Part X, line 25		
1 (a) Description of liability		(b) Book value	* * * * * * * * * * * * * * * * * * *		· · ·
(1) Federal income taxes				, -	· (_ *
(2)			رُوْلُ الْمُ		7-7-1
(3)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		* 1, "h
(4)			ال-ر ا		
(5)					
(6)			- L	, ,	21
(7)			一	Ĭ.	4 2 3 3 4
			I ⇒ = ∓ 1.		5, 5
(9)		 _	·	***	1- 6

Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2 Liability for uncertain tax positions. In Part XIII provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

<u>Sche</u>	dule D (Form 990) 2016 POTTERS RANCH INC.		80-0853967	Page 4
Par			ue per Return	
	' Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a		
1	Total revenue gains and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	 	
e	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12 but not on line 1	1.1		
a	Investment expenses not included on Form 990 Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	_4b		
c	Add lines 4a and 4b Tatal square Add lines 2 and 4a. This must agual Form 000. But I line 12 is	1	4c 5	·
5 Par	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) TXII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV lin		loco por riotarii.	
1	Total expenses and losses per audited financial statements	124	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		!	
a	Donated services and use of facilities	2a	"	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	·	
e	Add lines 2a through 2d		```2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990 Part IX, line 25, but not on line 1		i_,	
4		1 1	 ‡	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	i 4a	i,	
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	Ė,	
a b	Other (Describe in Part XIII)	1 11 11	4c	
a b	Other (Describe in Part XIII) Add lines 4a and 4b	4b	4c 5	
a b c 5	Other (Describe in Part XIII)	4b		
a b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18	4b	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 t XIII Supplemental Information.	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
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b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
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b c 5 Provi	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b, P	5	t XI,
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

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

2016
Open to Public Inspection

Name of the organization Employer identification number POTTERS RANCH INC. 80-0853967 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH CHRIST AS OUR EXAMPLE. FORM 990, PART VI, SECTION A, LINE 2: ROBERT J. LIGHTNER IS THE FATHER OF WES W. LIGHTNER. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE PRESIDENT OF THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19. THE ORGANIZATION IS MAKING ITS GOVERNING DOCUMENTS, CONFLICT OF INTERESTS POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE UPON REQUEST.