

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-PF**

EXTENDED TO NOVEMBER 15, 20 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.

Department of the Treasury

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

OMB No 1545-0052

Ford	alen	dar year 2016 or tax year beginning SEP	7, 2016	, and ending	DEC 31, 2016	
Nar	ne of	foundation			A Employer identification	number
L	AM.	BERT FOUNDATION, INC.			81-4242922	
Num	ıber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_1	<u>72</u>	5 ALTAMONT COURT			334-332-28	42
		own, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is p	ending, check here
		URN, AL 36830			_	
G C	heck	all that apply: X Initial return		ormer public charity	D 1 Foreign organizations	s, check here
		Final return	Amended return		2. Foreign organizations me	eeting the 85% test.
		Address change	Name change		2. Foreign organizations me check here and attach co	pmputation
H C	_	type of organization: X Section 501(c)(3) es			E If private foundation sta	
<u> </u>			Other taxable private found		under section 507(b)(1)	•
		arket value of all assets at end of year J Account	-	Accrual	F if the foundation is in a	
( <i>II</i>		Part II, col. (c), line 16) (Part I, colu	ther (specify)	hasis )	under section 507(b)(1)	)(B), check here
	irt I				(a) Advicted not	(d) Disbursements
		(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 charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	650,000.		N/A	(egan zaala arriyy
	2	Check If the foundation is not required to attach Sch. B	3337333		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	Ь	Net rental income or (loss)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ø	6a	Net gain or (loss) from sale of assets not on line 10				
nue	b	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	•	
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a	and allowances				
	1	Less Cost of goods sold	Dro			
	11	Gross profit or (loss) Other Income	ALU	EIVEU		
	12	Total Add lines 1 through 11	650,000.	တ္တ ၀		
	13	Compensation of officers, directors, trustees, etc	± JU0.			0.
	14	Other employee salaries and wages		8		
	15	Pension plans, employee benefits	nan	IN IIF		
ses	16a	Legal fees		EDIV BIT		
oen Seu	b	Accounting fees				
Ä	С	Other professional fees				
and Administrative Expens	17	Interest				
itrai	18	Taxes				
Ins	19	Depreciation and depletion				
Ę	20	Occupancy				
ΑÞ	21	Travel, conferences, and meetings				
3 a⊓	22 23	Printing and publications Other expenses				
iti (	24	Total operating and administrative				-
Operating		expenses Add lines 13 through 23	0.	0		0.
ာ့ ၁	25	Contributions, gifts, grants paid	50,000.	1		50,000
	26	Total expenses and disbursements				1
5	L	Add lines 24 and 25	50,000.	0	•	50,000.
0	27	Subtract line 26 from line 12:				
Ŵ	a	Excess of revenue over expenses and disbursements	600,000.			
	b	Net investment income (if negative, enter -0-)		0		
	ء ا	Adjusted net income (if negative enter -0-)			N/A	1

Form **990-PF** (2016)

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ►

5 Oc.

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

6 6 0 0,000.

Form **990-PF** (2016)

		ses for Tax on In	INC.	t Income				81	-424	<u> </u>	Page 3
(a) List and desc	ribe the kind	(s) of property sold (e.g.	., real estate,	. moonie	(b)	How ac	cquired hase ation	(c) Date ac	quired	( <b>d</b> ) Dat	
	nenouse, or	common stock, 200 shs	i. MLU UO )		D	- Don	ation	(IIIO., da)	(, y1.)	(mo., d	ay, yı. <i>)</i>
b NO	NE	<del></del>			-						
C 140	1417										
d			<del> </del>		1						
e											
(e) Gross sales price		oreciation allowed or allowable)		st or other basis expense of sale					n or (loss) (f) minus (		
a											
b											
C								· · · · · · · · · · · · · · · · · · ·			-
d											
Complete only for assets showing	na asin in co	lumn (h) and owned by	the foundation	n n 12/31/69				(I) Gains (Co	l /b) gain	minue	
(i) F M V as of 12/31/69	(j)	Adjusted basis s of 12/31/69	(k) E>	cess of col. (i)			C	ol (k), but no	nt less than rom col. (I	1 -0-) or	
•		3 01 12/0 1/03	0401	()), ii diiy							
b											
C											
d											
е											
Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-	n Part I, line In Part I, line	7 : 7	}	2					
3 Net short-term capital gain or (los		•									
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		d 111 500110110 1222(0) dill	·u (0).		}	3					
Part V Qualification U	Inder Se	ction 4940(e) for	Reduced	Tax on Ne	t Inv	estr	nent In	come			
(For optional use by domestic private	e foundation	s subject to the section 4	4940(a) tax or	net investment i	ncom	e )				N/A	
If section 4940(d)(2) applies, leave t	his nart hlan	k									
Was the foundation liable for the sec					riod?					Yes	L No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					entries		· · · · · · · · · · · · · · · · · · ·				
*	each column		11311 00110113 00	Tore making any						(d) ution ratio	
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis	tributions	Net value of n	(c) oncha		-use asset	s (	Distrib col. (b) div	utión ratio ided by col	(c))
<u>2015</u> 2014										_	
2013				1			-				
2012											
2011			· · · · · · · · · · · · · · · · · · ·								
				•							
2 Total of line 1, column (d)								2			
3 Average distribution ratio for the	5-year base	period - divide the total (	on line 2 by 5,	, or by the numbe	r of ye	ears					
the foundation has been in existe	nce if less th	an 5 years						3			
4 Enter the net value of noncharital	ole-use asse	ts for 2016 from Part X,	line 5					4			
5 Mułtiply line 4 by line 3								5	<del></del>		
6 Enter 1% of net investment incor	ne (1% of Pa	art I, line 27b)						6			
7 Add lines 5 and 6								7			
8 Enter qualifying distributions from If line 8 is equal to or greater that			e 1b, and com	plete that part usi	ng a 1	i% tax	rate.	8			
See the Part VI instructions.									_		-PF (2016
										.orm <b>WWI</b> I	<b></b>

	990-PF (2016) LAMBERT FOUNDATION, INC.		81-	4242	<u>922</u>	F	age 4
-	rt VI Excise Tax Based on Investment Income (Section 494		r 4948	- see ir	ıstru	ctior	ıs) <u> </u>
•	Exempt operating foundations described in section 4940(d)(2), check here  and						
	Date of ruling or determination letter: (attach copy of letter if ne						_
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	<del> </del>			0.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4						^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2	<del> </del>			0.
	Add lines 1 and 2	04	3	+			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -U-)	4	<del> </del>		_	0.
	<b>Tax based on investment income</b> Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments		5	<del> </del>			0.
	2016 estimated tax payments and 2015 overpayment credited to 2016	60					
	Exempt foreign organizations - tax withheld at source	6a   6b	_				
	Tax paid with application for extension of time to file (Form 8868)	6c					
	Backup withholding erroneously withheld	6d					
	Total credits and payments Add lines 6a through 6d	00 ]	<b>—</b> ,				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8				<u> </u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	aoneu I	▶ 9	<del>                                     </del>			0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	,	10				
	Enter the amount of line 10 to be. Credited to 2017 estimated tax	Refunded					
	rt VII-A Statements Regarding Activities		<del></del>	<del>*************************************</del>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legi	islation or did it participate or interv	ene in			Yes	No
	any political campaign?			[	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the defini	tion)?		1b		<u>X</u> _
	If the answer is "Yes" to ${\it 1a}$ or ${\it 1b}$ , attach a detailed description of the activities	and copies of any materials pul	olished oi	r [			
	distributed by the foundation in connection with the activities				. 1		
C	Did the foundation file Form 1120-POL for this year?				1c		_X_
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the						
	(1) On the foundation. > \$ (2) On foundation manager		<u>0.</u>				
	Enter the reimbursement (if any) paid by the foundation during the year for political expension	diture tax imposed on foundation					
	managers. ► \$0.						
	Has the foundation engaged in any activities that have not previously been reported to the	IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities						
	Has the foundation made any changes, not previously reported to the IRS, in its governing		on, or				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	=			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year! If "Yes," has it filed a tax return on Form 990-T for this year?	ar r	18	N/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	·2	r	1/A	4D 5		X
	If "Yes," attach the statement required by General Instruction T	•		ł			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:					
	By language in the governing instrument, or	ourior.			.		
	By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with the	state law		.		
	remain in the governing instrument?	,			6	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col. (c), and Par	t XV	ļ	7	X	
		, , , , , , , , , , , , , , , , , , , ,		1			
8a	Enter the states to which the foundation reports or with which it is registered (see instruct	ions) <b>&gt;</b>					
	AL			_ <del></del> _			
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				8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of $\boldsymbol{s}$		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 scheduling the tax year?	dule listing their names and addresses	STMT	ր 1	10	Х	

Part VII-A   Statements Regarding Activities (continued)		
	Yes	No
11 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)	11	X
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 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X	
Website address ► N/A		
14 The books are in care of ► JUSTIN LAMBERT Telephone no. ► 334-33		<u> 2                                    </u>
Located at ► 1725 ALTAMONT COURT, AUBURN, AL ZIP+4 ►36	830	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	J	
and enter the amount of tax-exempt interest received or accrued during the year	N/A	
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	Yes	
securities, or other financial account in a foreign country?	16	<u> </u>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		
foreign country	<u> </u>	
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.	Yes	s No
1a During the year did 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 extend credit to (or accept it from)		
a disqualified person?		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	İ
(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 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		37
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	X
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		v
before the first day of the tax year beginning in 2016?	1c	X
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(j)(3) or 4942(j)(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?  Yes X No		
	1 1	
If "Yes," list the years \( \brightarrow\), , , , , , , , , , , , , , , , , , ,		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach		
statement - see instructions )  N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
during the year?		
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
Form 4720, to determine if the foundation had excess business holdings in 2016.)  N/A	3ь	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	,,,	1
a pla me to the total destriction of the principal free from the first enter problem of the prob	1 1	7.7
had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	X

orm 990-PF (2016) LAMBERT FOUNDATION, INC.			<u>81-424292</u>	<u> 22 Page 6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	☐ Ye	s 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		
the prevention of cruelty to children or animals?		☐ Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?		/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945		•		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •			
a personal benefit contract?	<b>,</b>	Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	Sb X
If "Yes" to 6b, file Form 8870.	ordonal bonom commun			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			·	7b
Part VIII Information About Officers, Directors, Trusto		nagers. Highly		<del> </del>
Paid Employees, and Contractors	555, r 54114411511 1114		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
JUSTIN B. LAMBERT	PRESIDENT/TRE		oompondada.	
1725 ALTAMONT COURT	I KUDIDUKI, IKE	BOREIT		
AUBURN, AL 36830	0.00	0.	0.	0.
	VICE PRESIDEN	<del></del>		
1725 ALTAMONT COURT	VICE INDEDIDEN	1		
AUBURN, AL 36830	0.00	0.	0.	0.
	SECRETARY	•	J .	
1800 WINGFIELD CROSSING	DECKETAKI			
AUBURN, AL 36830	0.00	0.	0.	0.
AUBURN, AL 30030	0.00		0.	<u>v.</u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE."	ll	
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	anowanicos
NONE				I
	1			ĺ
	1			
	-			
	-			
	<u> </u>			
Total number of other employees paid over \$50,000				000 PE (0040)
			Form	990-PF (2016)

Form 990-PF (2016) LAMBERT FOUNDATION, INC.		242922 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	ıly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of se	rvice	(c) Compensation
NONE		
	<del></del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
		0.
2		
3		
4		
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 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
· · · · · · · · · · · · · · · · · · ·		
Total. Add lines 1 through 3	<b>•</b>	0.
		Form <b>990-PF</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	151,250.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	151,250.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	151,250.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,269.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	148,981.
6_	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,367.
Р	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	2,367.
2 a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,367.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,367.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,367.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	50,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	50,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for t	he section

LAMBERT FOUNDATION, INC.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		·		
line 7				2,367.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:	-	U •		
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4 ► \$ 50,000.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				· <u>··</u> ··
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				2,367.
e Remaining amount distributed out of corpus	47,633.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	47,633.			
b Prior years' undistributed income. Subtract	±1,033.	-		
line 4b from line 2b		0.		
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		0.		_
d Subtract line 6c from line 6b. Taxable		·- · · · · · · · · · · · · · · · · · ·		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	İ			
section 170(b)(1)(F) or 4942(g)(3) (Election			!	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	47,633.			
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 47,633.			<u> </u>	5 000 DE (0040)

Part XIV Private Operating F	oundations (see If		II-A question Q1	N/A	_4242922
1 a If the foundation has received a ruling of		· · · · · · · · · · · · · · · · · · ·	iri, quostion sj	TA / EZ	
foundation, and the ruling is effective fo					
<b>b</b> Check box to indicate whether the found		-	in section	4942(j)(3) or [	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing touridation described	Prior 3 years	+3+2(J/(0) 01 L	
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	(-/	(-)	(4) == 1		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		<del>-</del>			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
<ul><li>a "Assets" alternative test - enter</li><li>(1) Value of all assets</li></ul>					
• •		· · · · · · · · · · · · · · · · · · ·	-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed				-	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			<del> </del>		
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Compl	ete this part only	if the foundation	n had \$5.000	or more in assets
at any time during				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation			<del></del>		
a List any managers of the foundation wh		e than 2% of the total cor	stributions received by t	he foundation before	the close of any tax
year (but only if they have contributed i			in bollono rocorrod by .		and proces or any ran
NONE					
b List any managers of the foundation wh	ho own 10% or more of	the stock of a corporation	(or an equally large po	rtion of the ownersh	p of a partnership or
other entity) of which the foundation ha			, , , , , , ,		
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loai	n, Scholarship, etc., F	Programs:		
Check here ► X If the foundation				s not accept unsolici	ted requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address o	f the person to whom app	lications should be add	ressed:	
, , ,		. , , , , , , , , , , , , , , , , , , ,			
b The form in which applications should	be submitted and inform	ation and materials they	should include.		
c Any submission deadlines:					
				<del></del>	
d Any restrictions or limitations on award	ds, such as by geographi	cal areas, charitable field	s, kınds of institutions, o	or other factors:	

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
UNAMENTAL DE DESCRIPCIO	YOME	501/01/21	ADVIDENDE COMPD. 1107	
HAYNEVILLE BAPTIST CHURCH PO BOX 367	NONE	501(C)(3)	UNRESTRICTED USE CONTRIBUTION	
HAYNEVILLE, AL 36040				50,000,
		+		
				<u> </u>
Total		T	<b>▶</b> 3a	50 000.
b Approved for future payment				
NONE				
<b>→</b>			<b>.</b>	<del></del>
<u>Total</u>			<b>▶</b> 3b	0.

### Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.		ousiness income	Excluded	d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Amount	Turiction income
a					
b					
c	_				
d	_				
e	_				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C					
d	! !				
е.					
Subtotal. Add columns (b), (d), and (e)			0.	0.	
B Total Add line 12, columns (b), (d), and (e)	<del> </del>		<del></del>		
See worksheet in line 13 instructions to verify calculations	:)				
•			T	D	
Part XVI-B Relationship of Activitie	s to the Accon	npiisnment of	Exempt	Purposes	
Line No Explain below how each activity for which	income is reported in i	column (e) of Part X\	VI-A contribu	ted importantly to the accom	plishment of
the foundation's exempt purposes (other t	han by providing fund	s for such purposes	).	,	
			-		

_	the foundation's exempt purposes (other than by providing funds for such purposes).
1	
+	
+	
$\perp$	
T	
+	
+	
_	
Ť	
+	
4	
.	
Т	
$\dashv$	
+	
_	

Form **990-PF** (2016)

Part )	<del></del>	on Regarding Tran	nsfers To a	and Transactions a	ind Relationsh	nips With Nonc	haritable	,	
1 Did	<u>-</u>	<del></del>	of the followin	g with any other organization	on described in section	on 501(c) of		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
a Tra	nsfers from the reporting	foundation to a noncharit	able exempt orç	ganization of:					
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
	er transactions								
		charitable exempt organiz					1b(1)		X
٠,		n a noncharitable exempt	organization				1b(2)		X
٠,	Rental of facilities, equip Reimbursement arrange	•					1b(3) 1b(4)		X
٠,	Loans or loan guarantee						1b(5)		X
		or membership or fundra	usina solicitatio	ns			1b(6)		X
		nt, mailing lists, other ass	=				1c		X
<b>d</b> If th	e answer to any of the ab	ove is "Yes," complete the	following sche	dule. Column (b) should alv				ets,	
	· ·	=		ed less than fair market valu	e in any transaction	or sharing arrangem	ent, show in		
column (d) the value of the goods, other assets, or services receiv  (a) Line no (b) Amount involved (c) Name of noncharit				ole exempt organization (d) Description of transfers,			, and sharing ar	rangeme	ents
			N/A						
	-								
		-							
			<del> </del>						
2a let	ne foundation directly or i	ndirectly affiliated with or	related to one	or more tax-exempt organi	zatione described				
		o (other than section 501(			zations described		Yes	X	□ No
	es," complete the following	·	0)(0)) 01 111 3001	1011 021					
		of organization		(b) Type of organization	(	c) Description of rela	tionship		
	N	/A				· · · ·			
	<del></del>								
	Under penalties of periury 1	declare that I have examined t	his return includin	na accompanying schedules and	statements, and to the	nest of my knowledge			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all informati					has any knowledge	May the IRS return with th	ne prepa	rer 🕻
Here		17/27/17	PRESID	ENT	shown below	(see in:	str)? No		
	Signature of officer or	trustee		Date	Title	.1111	100	-	
	Print/Type prepai	rer's name	Preparer's s	ıgnature	Date	Check if F	PTIN		
			1 , ,	4		self- employed			
Paid	MARTIN	D. WILLIAMS	Meul	ph CPA	07/14/17		P00014		<u> </u>
Prepa	1 11 11 0 11 a 11 0 P	MACHEN MCCH	ESŃEY,	LLP '		Firm's EIN ► 63	-08348	38	_
Use (	<u> </u>	►1820 E. UN	TUPDOTM	Y DRIVE					
	i i i i i i i i i i i i i i i i i i i	AUBURN, AL		I DKIAF		Phone no 334	-887-7	022	)
					***	,			<del> </del>

#### 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.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

I	AMBERT FOUNDATION, INC.	81-4242922						
Organization type (check	cone)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation	no						
	501(c)(3) taxable private foundation							
Note: Only a section 501(	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See instructions						
General Rule								
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributing one contributor. Complete Parts I and II. See instructions for determining a							
Special Rules								
sections 509(a)( any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% EZ, line 1. Complete Parts I and II	, line 13, 16a, or 16b, and that received from						
year, total contri	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							
year, contributio is checked, ente purpose Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that represents exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organizationable, etc., contributions totaling \$5,000 or more during the year	ons totaled more than \$1,000. If this box sively religious, charitable, etc,						
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Son Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-tet 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization **Employer identification number** 81-4242922 LAMBERT FOUNDATION, INC. Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 1 THE MINT JULEP BOUTIQUE, LLC Person Payroll 650,000. Noncash 1725 ATLAMONT COURT (Complete Part II for AUBURN, AL 36830 noncash contributions) (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (c) (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (d) (c) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person

Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### LAMBERT FOUNDATION, INC.

81-4242922

Part II	Noncash Property (See instructions) Use duplicate copies of F	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
		<b></b> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations the year from any one contributor. completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this linfo once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part i (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

1

NAME OF CONTRIBUTOR

ADDRESS

THE MINT JULEP BOUTIQUE, LLC

1725 ALTAMONT COURT AUBURN, AL 36830