Form	990-T	Ех	empt Organi			iness In der sectio			rn		OMB No 1545-0687		
		For cale	ndar year 2016 or other to	•			•	• •	20		2016		
Denai	rtment of the Treasury		formation about Form							1			
	al Revenue Service		not enter SSN numbers							Ope 501	n to Public Inspection for (c)(3) Organizations Only		
Ā	Check box if		Name of organization (Check bo	x if nai	me changed and s	see instructions	5)			entification number		
	address changed								, ,,,	iipioyees ui	rst, see maddons)		
	empt under section	.	MARION COUNTY						_				
X	501(C)(3)	Print	Number, street, and room	n or suite no l	faPO	box, see instructi	ions			733728			
-	1 —	^{08(e)}								E Unrelated business activity codes (See instructions)			
-	408A 530(a)	1	223 NORTH SPALI			71D as f			4				
	529(a) ok value of all assets	-	City or town, state or pr	-	, and z	tie or foreign post	ai code		1100	0			
	end of year	F Gro	LEBANON, KY 40		one \				1100				
	7.576.827	·	ck organization type	`	<u> </u>		501(c)	truet	401	(a) trust	Other trust		
H D			rimary unrelated busine						1401	(a) trust	Other trast		
			corporation a subsidia						,		Yes X No		
	-		identifying number of t	-	_	•	. casolalary c	ontrolled group					
	he books are in care		TOM LUND, EXECU		•		Telephon	e number > 2	70-69	2-6002			
Pa	rt I Unrelated	Trade o	or Business Incom	ne		(A) Inc	ome	(B) Expe	nses		(C) Net		
	Gross receipts or								-				
b	Less returns and allowa	ances		c Balance	1c								
2	Cost of goods so	ld (Sched	ule A, line 7)		2			,		-	-		
3	Gross profit Sub	tract line	2 from line 1c		3			<u> </u>		3			
4 a	Capital gain net i	ncome (a	ttach Schedule D)		4a								
b	- '		Part II, line 17) (attach Fo		4b	ļ		L.					
C			trusts		4c								
5		•	ps and S corporations (atta				50.462			45.5			
6					6		59,463		65,	455	(5,992)		
7			come (Schedule E) .		7	 							
8	-		nts from controlled organization		8								
9 10			n(c)(7), (9), or (17) organization	-	9 10	 							
11		•	dule J)		11		-	——————————————————————————————————————					
12			ctions, attach schedule)										
13			ough 12		13		59,463		65,	455	(5,992)		
_			Taken Elsewhere			ns for limita	itions on d	eductions)(Exce	ot for co	ontributions.		
			be directly conne						•		•		
14	Compensation of	officers,	directors, and trustees	(Schedule K)			_,		$\overline{\ldots}$	14			
15									[15			
16	Repairs and mair	ntenance		1. [٠		· . L	16			
17	Bad debts			151 . 144	V: 4	· 8 2017 10	٠ إِنْ		· ·	17			
18	Interest (attach s	chedule)		্ব						18			
19	Taxes and license	es	See instructions for limit	-	-		<u> </u>		· ·	19			
20	Charitable contri	butions (See instructions for limi	tation rules)	<u>31) F</u>	<u> </u>	<u></u>		\cdots	20			
21			4562)						—I.	_			
22		•	on Schedule A and els						$\overline{}$	2b			
23	epiellon	toforrad	compensation plans						· · -	23			
24										24			
25 26			s							25 26			
27			Schedule J)							27			
28			schedule)							28			
29			es 14 through 28							29			
30			ole income before ne							30	(5,992)		
31			ion (limited to the amo							31			
32			e income before speci							32			
33	Specific deduction	n (Gener	ally \$1,000, but see lii	ne 33 instruc	tions f	or exceptions)			[33			
34	Unrelated busin	ess taxa	ble income. Subtract	line 33 fr	om lır	ne 32 If line	33 is grea	ter than line	32, 「				
	enter the smaller	of zero or	· line 32							34			

Date

eparer's signature

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	F	:0	m	n 9	90	-	Γ	(201	16)

P00792869

(see instructions)? X Yes

Firm's EIN ▶ 61-1113462

Check

Phone no

self-employed

PTIN

TREAS

Date

05/03/17

Paid

Preparer

Use Only

ature of officer

Firm's name

Print/Type preparer's name

Firm's address LEBANON, KY

WHITE AND COMPANY PSC

CHARLES M WHITE

COIII 990-1 (2010)										-	age 🔾	
Schedule A - Cost of Go	ods Sold.	nter method	of invent	ory valuati	on	<u> </u>						
1 Inventory at beginning of ye	ear 1			6 Inven	tory	at end of yea	ır	6				
2 Purchases	. 2						d. Subtract line					
3 Cost of labor	3		-	6 fro	m	line 5 En	ter here and in					
4a Additional section 263A co	sts				, line	2	<i></i>	7				
(attach schedule)	4a						section 263A (v		spect to	Yes	No	
b Other costs (attach schedul	le) . 4b			prope	rty	produced	or acquired for	resal	e) apply			
5 Total. Add lines 1 through				to the	orga	anization?.			<u></u>			
Schedule C - Rent Income (see instructions)	(From Real	Property a	nd Perso	nal Prope	erty	Leased W	ith Real Prope	rty)				
1. Description of property				- <u></u> -		-						
(1)				_								
(2)												
(3)					_							
(4)												
	2. Rent red	eived or accrue	ed .									
(a) From personal property (if the for personal property is more the more than 50%)		percenta	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		T	59,463					IN	TEREST	65	,455	
(2)												
(3)												
(4)												
Total		Total				59,463						
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	• •					59,463	(b) Total deduction Enter here and on Part I, line 6, colu	n page 1		65	5,455	
Schedule E - Unrelated De	ebt-Financec	Income (se	e instruct	tions)								
1. Description of deb	t-financed property	,	1	s income from			Deductions directly co	ced prope	erty			
	, ,		property			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)				
(1)												
(2)												
(3)												
(4)												
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	djusted basis cable to ed property chedule)	ble to 6. Column property 4 divided				ncome reportable 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))					
(1)					%							
(2)			L		%							
(3)					%							
(4)					_%	<u> </u>						
							e and on page 1, e 7, column (A)	Enter Part	here and I, line 7, co	on pag olumn (ge 1, (B)	
Totals					. >							

Schedule F - Interest, Anni	uiues, Royaiues,			om Contro ontrolled Or			ions (see	instructio	ns)		
Name of controlled organization	2. Employer identification number			elated income instructions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		iling	6. Deductions directly connected with income in column 5	
(1)											
(2)					ļ						
(3)		-	_				<u> </u>				
(4)					L		<u> </u>			L	
Nonexempt Controlled Organi						10 P	et of column	0 that is		1. Deductions directly	
7. Taxable Income	8. Net unrelated in (loss) (see instruct		Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income				nected with income in column 10	
(1)						ļ					
(2)											
(3)											
(4)			L	 			columns 5 a	10		d columns 6 and 11	
Totals	ncome of a Sec	 tion 50	 1(c)(7)			Part	here and on I, line B, colum I (see inst	mn (A)		ter here and on page 1, irt i, line 8, column (B)	
1. Description of income	2. Amount of	ıncome		3. Deductive directly contact (attach sci	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)	 		-								
(2)											
(3)	<u> </u>								\dashv		
Totals		olumn (A)	Other T	han Advert	ising Ir	icome (see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect productions	penses ectly sted with ction of elated s income	4. Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ne (loss) ted trade (column lumn 3) ompute	5. Gro from a is not	s income tivity that inrelated s income 6 Exp attribut: colum		ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	T						-				
(3)											
(4)			,								
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, , col (B)	-					-	Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	ncome (see instru										
Part I Income From Per	riodicals Report	ea on a	Consc	nidated Ba	SIS	T					
1. Name of periodical	2. Gross advertising income		Direct ling costs	4. Adver gain or (lo: 2 minus c a gain, cc cols 5 thr	ss) (col oi 3) if mpute	1	culation come	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				1					_		
(2)	"		-								
(3)						<u> </u>					
(4)				1							
Totals (carry to Part II, line (5))	1 1					<u> </u>		<u> </u>		5 000 T 100 100	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 2 minus col 3) If 1. Name of periodical advertising advertising costs ıncome costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on page 1, Part I, on page 1, Part II, line 27 page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) .

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2016)