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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning , 2009, and ending ,

G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation: Charles Lyons Memorial Foundation, Inc.	**A** Employer identification number: 43-6056850
Number and street (or P O box number if mail is not delivered to street address): P.O. Box 236	Room/suite:
	B Telephone number (see the instructions): (660) 259-3553
City or town: Lexington	State: MO ZIP code: 64067-0236
	C If exemption application is pending, check here ► ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation	**D** 1 Foreign organizations, check here ► ☐ 2 Foreign organizations meeting the 85% test, check here and attach computation ► ☐
I Fair market value of all assets at end of year (from Part II, column (c), line 16) ► $ 561,016.	**J** Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)
	E If private foundation status was terminated under section 507(b)(1)(A), check here ► ☐
	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► ☐

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	50.			
	2 Ck ► ☒ if the foundn is **not** req to att Sch B				
	3 Interest on savings and temporary cash investments	38.	38.	39.	
	4 Dividends and interest from securities	8,138.	8,138.	8,138.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		1,127.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	8,226.	9,303.	8,177.	
OPERATING AND ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	3,000.	800.	3,000.	2,200.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	1,850.	1,850.	1,850.	
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instr) See Line 18 Stmt	96.	96.	96.	
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	110.		110.	110.
	23 Other expenses (attach schedule) See Line 23 Stmt	290.		290.	123.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	5,346.	2,746.	5,346.	2,433.
	25 Contributions, gifts, grants paid	23,000.			23,000.
	26 **Total expenses and disbursements.** Add lines 24 and 25	28,346.	2,746.	5,346.	25,433.
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	-20,120.			
	b **Net investment income** (if negative, enter -0-)		6,557.		
	c **Adjusted net income** (if negative, enter -0-)			2,831.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing	1,101.	834.	834.
	2 Savings and temporary cash investments	195,291.	122,899.	122,899.
	3 Accounts receivable ►			
	Less allowance for doubtful accounts ►			
	4 Pledges receivable ►			
	Less allowance for doubtful accounts ►			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch) ►			
	Less allowance for doubtful accounts ►			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) L-10b Stmt	205,189.	258,855.	437,283.
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
	15 Other assets (describe ►)			
	16 **Total assets** (to be completed by all filers – see instructions Also, see page 1, item I)	401,581.	382,588.	561,016.
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ►)			
	23 **Total liabilities** (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES	**Foundations that follow SFAS 117, check here ► [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	401,581.	382,588.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see the instructions)	401,581.	382,588.	
	31 **Total liabilities and net assets/fund balances** (see the instructions)	401,581.	382,588.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	401,581.
2	Enter amount from Part I, line 27a	2	-20,120.
3	Other increases not included in line 2 (itemize) ► Capital gains	3	1,127.
4	Add lines 1, 2, and 3	4	382,588.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	382,588.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month day year)
1a	Capital gain distributions	P	01/01/00	12/31/09
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,127.		0.	1,127.
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0) or Losses (from column (h))
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a				1,127.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) — If gain, also enter in Part I, line 7; If (loss), enter -0- in Part I, line 7	2	1,127.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	43,633.	612,512.	0.071236
2007	43,798.	700,647.	0.062511
2006	50,402.	666,819.	0.075586
2005	50,923.	674,124.	0.075540
2004	71,287.	676,680.	0.105348

2	**Total** of line 1, column (d)	2	0.390221
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.078044
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	521,535.
5	Multiply line 4 by line 3	5	40,703.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	66.
7	Add lines 5 and 6	7	40,769.
8	Enter qualifying distributions from Part XII, line 4	8	25,433.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☐ and enter 1% of Part I, line 27b	1	131.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	131.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	131.
6	Credits/Payments		
a	2009 estimated tax pmts and 2008 overpayment credited to 2009 — 6a		
b	Exempt foreign organizations – tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ►	9	131.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►	10	0.
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ► **Refunded** ►	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b		X
	*If the answer is 'Yes' to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ► $ _____ (2) On foundation managers ► $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions) ► MO - Missouri			
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	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *Continued*

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 acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	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 ► MILDRED BURNS Telephone no. ► (660) 259-3553

Located at ► P.O. BOX 352, LEXINGTON, MO ZIP + 4 ► 64067-0352

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** – Check here ► ☐

and enter the amount of tax-exempt interest received or accrued during the year ► 15

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	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?	☐ Yes ☒ No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ Yes ☐ No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No		
(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)	☐ Yes ☒ No		
b If any answer is 'Yes' to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the 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 before the first day of the tax year beginning in 2009?	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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
If 'Yes,' list the years ► 20__, 20__, 20__, 20__			
b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer 'No' and attach statement – see the instructions)	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__, 20__, 20__, 20__.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b If 'Yes,' did it have excess business holdings in 2009 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 2009)*	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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

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))?	☐ Yes	☒ No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes	☐ No		
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	☐ Yes	☒ No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			**5b**	X
Organizations relying on a current notice regarding disaster assistance check here ► ☐				
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**6b**	X
If 'Yes' to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			**7b**	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
John G. Miller RT 3, Box 210 Odessa, MO 64076	President 10.00	200.	0.	0.
Mildred Burns P.O. Box 352, Lexington, MO 64067	Treasurer 10.00	1,000.	0.	0.
Donald L. Coen 539 N. 17th, Lexington, MO 64067	Vice President 5.00	200.	0.	0.
See Information about Officers, Directors, Trustees, Etc		1,600.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1– see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over $50,000 ► None

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

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

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	0.
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ►	None

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a	Average monthly fair market value of securities	1a	369,414.
b	Average of monthly cash balances	1b	160,063.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	529,477.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	529,477.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,942.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	521,535.
6	**Minimum investment return.** Enter 5% of line 5	6	26,077.

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

1	Minimum investment return from Part X, line 6			1	26,077.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	131.		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	131.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	25,946.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	25,946.
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	25,946.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	25,433.
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		
a	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	25,433.
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 (see instructions)	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	25,433.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				25,946.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2009				
a From 2004 18,154.				
b From 2005 18,401.				
c From 2006 18,115.				
d From 2007 43,798.				
e From 2008 0.				
f **Total** of lines 3a through e	98,468.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► $ 25,433.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2009 distributable amount				25,433.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	513.			513.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	97,955.			
b Prior years' undistributed income Subtract 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				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	17,641.			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	80,314.			
10 Analysis of line 9				
a Excess from 2005 18,401.				
b Excess from 2006 18,115.				
c Excess from 2007 43,798.				
d Excess from 2008 0.				
e Excess from 2009 0.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for 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 for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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)					
(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 Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year – see instructions.)

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

See Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Sartin, Kevin Dale 304 NE 675 Road Warrensburg MO 64093	NONE	NONE	Scholarship	1,000.
Baughman, Amanda Marie 110 W. 21st Street Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Cornelius, Adrienne Alileen 1800 Willow Street Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
DeHaven, Jennifer Suzanne 2111 Shelby Street Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Jensen, Marc Christian 11182 Highway T Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Nolte, Emily Jean 11 W. 29th Street Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Oberg, Nicole Irene 15235 Highway 213 Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
James, Hayley E. 12042 Larkin Lane Lexington MO 64067	NONE	NONE	Scholarship	1,000.
Johnson, Spencer Nicole 19 Country Club Terrace Lexington MO 64067	NONE	NONE	Scholarship	1,000.
See Line 3a statement				14,000.
Total			► 3a	23,000.
b *Approved for future payment*				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (see the instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	38.	
4 Dividends and interest from securities			14	8,138.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				8,176.	
13 **Total.** Add line 12, columns (b), (d), and (e)				13	8,176.

(See worksheet in the instructions for line 13 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		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	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash	1a (1)		X
(2)	Other assets	1a (2)		X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization	1b (1)		X
(2)	Purchases of assets from a noncharitable exempt organization	1b (2)		X
(3)	Rental of facilities, equipment, or other assets	1b (3)		X
(4)	Reimbursement arrangements	1b (4)		X
(5)	Loans or loan guarantees	1b (5)		X
(6)	Performance of services or membership or fundraising solicitations	1b (6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is 'Yes,' complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

SIGN HERE

John G Mann — 5-15-10 — President

Signature of officer or trustee — Date — Title

Paid Preparer's Use Only

Preparer's signature — Date 5-12-10 — Check if self-employed ☒ — Preparer's Identifying number (See **Signature** in the instrs) 334-42-8407

Firm's name (or yours if self-employed), address, and ZIP code: Ted J. Traczewski, CPA; P.O. Box 400; Lexington MO 640670400 — EIN — Phone no (660) 259-4342

Form 990-PF, Page 1, Part I, Line 18
Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
IRS Section 4940 tax	77.	77.	77.	
Foreign taxes	19.	19.	19.	
Total	96.	96.	96.	

Form 990-PF, Page 1, Part I, Line 23
Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Postage	123.		123.	123.
Corporate registration	15.		15.	
Miscellaneous	44.		44.	
Penalties	108.		108.	
Total	290.		290.	123.

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation **(If not paid, enter -0-)**	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person [X] Business [ ] John Giorza 9 S. 11th, Lexington, MO 64067	Director 5.00	200.	0.	0.
Person [X] Business [ ] Gary R. Bradley 110 S. 10th, Lexington, MO 64067	Secretary 5.00	200.	0.	0.
Person [X] Business [ ] Steve Oliaro P.O. Box 336, Lexington, MO 64067	Director 5.00	800.	0.	0.
Person [ ] Business [ ] Robert Mitchell 79 Tomahawk, Lexington, MO 64067	Director 5.00	200.	0.	0.
Person [ ] Business [ ] Thomas Hayes 16 Lakeview Drive, Lexington, MO 64067	Director 5.00	200.	0.	0.
Total		1,600.	0.	0.

Form 990-PF, Page 10, Part XV, Line 2
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name Charles Lyons Memorial Foundation, Inc.
Address P.O. Box 236
City, St, Zip, Phone Lexington MO 64067-0236 (660) 259-6151

The form in which applications should be submitted and information and materials they should include
The foundation requires applicants to complete a formal application

Any submission deadlines:
April 1st of the year preceding the academic year for which the

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
See attached statement

Name
Address
City, St, Zip, Phone

The form in which applications should be submitted and information and materials they should include
form, a copy of which is attached to this return

Any submission deadlines:
scholarship is sought

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

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a *Paid during the year*				
Kolster, Alex Andrew 54 Lakeview Drive Lexington MO 64067	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Shreiner, Samantha 11844 Marshall School Road Lexington MO 64067	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Summerlin, Anne Michelle 1407 Oak Hill Drive Lexington MO 64067	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Swartz, Karmen Lea 504 Marion Lane Lexington MO 64067	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.

Form 990-PF, Page 11, Part XV, line 3a Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a *Paid during the year*				
Bayless, Jessica 601 Wells Terrace Odessa MO 64076	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Bliss, Ashlie 4251 Gillen Road Odessa MO 64076	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Congdon, Meagan 621 W.Mason #2 Odessa MO 64076	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Cowman, Alyssa Marie 7949 Strawberry Hill Odessa MO 64076	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Walsh, Joelie Elizabeth 998 Owl Creek Parkway Odessa MO 64076	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Wright, Eve Marie 411 E. Phillips Odessa MO 64076	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Ellis, Lauryn Alyssa 4224 Highway Z Bates City MO 64011	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Woodson, Rebecca Louise 205 Main Street Alma MO 64001	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Nadler, Sarah Grace 470 West Third Street Napoleon MO 64074	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Williams, Brett Michael 210 East Highway 224 Wellington MO 64097	NONE	NONE	Scholarship	Person or [X] Business [ ] 1,000.
Total				14,000.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ted J. Traczewski	Tax return preparation	1,850.	1,850.	1,850.	

Form 990-PF, Page 1, Part I Continued
Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total		1,850.	1,850.	1,850.	

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year Book Value	End of Year Fair Market Value
Cerner Corporation	15,777.	16,488.
Chevron Corporation	5,157.	76,990.
Exxon Mobil Corporation	2,359.	68,190.
Ford Motor Company	9,063.	10,000.
Garmin Ltd	32,670.	15,350.
General Electric Company	16,483.	15,130.
Gerdau SA	27,265.	51,090.
Mastercard, Inc.	28,048.	51,196.
Noble Corp	32,638.	20,350.
Schlumberger Ltd	21,388.	19,527.
Health Care Property Inv. Inc.	39,001.	61,080.
VISA, Inc.	16,663.	17,492.
Sector SPDR Fincl Select	12,343.	14,400.
Total	258,855.	437,283.

Additional Information

Part XV, Line 2d, Any restrictions or limitations on awards

(1) Applicant must obtain high school diploma by the time classes are to commence at college

(2) Applicant must be a resident of Lafayette County, MO at the time of application

(3) Applicant must not be a parent, spouse, lineal descendent or spouse of a lineal descendent of individuals who are substantial contributors to the foundation, of the foundation manager, or of members of the Selection Committee of the foundation at the time the scholarship is granted

CHARLES LYONS MEMORIAL FOUNDATION, INC.
P.O. Box 236
Lexington, MO 64067

SCHOLARSHIP APPLICATION

for the 19____ Academic Year

APPLICATION MUST BE ACCOMPANIED BY A CURRENT TRANSCRIPT OF SCHOOL RECORD.

Personal data required of high school graduates who desire to attend college, technical, or trade school, or pursue some other type of specialized education. APPLICATION MUST BE SUBMITTED ON OR BEFORE_____. PLEASE TYPE OR PRINT THIS APPLICATION.

A PHOTO will be helpful because it will aid us in getting acquainted with you but it is not obligatory.

FULL NAME:_____

ADDRESS:_____ Tel:_____
Street City State Zip Area/Number

DATE AND PLACE OF BIRTH:_____

FATHER:_____ AGE:_____ OCCUPATION_____

MOTHER:_____ AGE:_____ OCCUPATION_____

Schools Attended (Ninth Grade to Present):

Name of School	Date Started	Date Ended

Date Will Graduate_____ Number in Class_____ Rank in Class_____ G.P.A._____

ACT

STANDARD SCORES					COLLEGE BOUND PERCENTILES				
ENG	MATH	SOC S	N SCI	COMP	ENG	MATH	SOC S	N SCI	COMP

SAT

GRADE	TEST DATE								
SAT VERBAL	SAT MATH	SUBSCORES Read.	SUBSCORES Voc	TSWE	ACH 1	ACH 2	ACH 3		

What college or technical school do you plan to attend?_____

What would you major in?_____

What are your goals in life? Give details below.

Positions held in gainful employment, periods of employment, average time employed each week, earnings, etc._____

SCHOLASTIC

A COPY OF YOUR HIGH SCHOOL TRANSCRIPT MUST BE ENCLOSED.

Honors and Awards (State year and nature of honor or award)_____

_____

Offices and positions of Leadership (State name of organization, position and year)

_____

Member of Organization (where no office was held) State name of organization and year, thus: Band 2,3. State only major activities)_____

_____

ADDITIONAL SHEETS MAY BE ATTACHED.

EXTRA CURRICULAR (School Related)

Honors and Awards (State year and nature of honor or award)_____

_____

Offices and positions of Leadership (State name of organization, position and year)

_____

Member of Organization (where no office was held) (State name of organization and year, thus: Drama 2,3. State only major activities)_____

_____

CIVIC (Non-School Related)

Honors and Awards (State year and nature of honor or award)_____

_____

Offices and positions of Leadership (State name of organization , position and year)

_____

Member of Organization (where no office was held) (State name of organization and year, thus: Scouting, 4-H, etc. State only major activities)_____

_____

State your plans for enrollment in an accredited American college or university_____

_____

_____

Have you been granted scholarship aid?_____If so, give details_____

_____

_____

Do you intend to apply for finanacial aid at the college(s) you plan to attend? If so, give details:_____

_____

Have you reason to expect scholarship aid from any other source?_____If so, give details:_____

_____

Any additional data to show financial need and general worthiness. Be specific in this_____

_____

ESTIMATED EXPENSES FOR YOUR COLLEGE OR TECHNICAL SCHOOL YEAR

Tuition and Fees.....$_____
Books and Supplies..... _____
Board and room..... _____
Commuting expense, if any..... _____
Clothes..... _____
Incidentals (haircuts, laundry, etc.)..... _____
Recreation..... _____
Miscellaneous expenses..... _____
TOTAL.....$_____

YOUR ESTIMATED RESOURCES FOR THE COMING SCHOOL YEAR

Summer savings.....$_____
Other savings and assets..... _____
Contributed by parents..... _____
Gifts from relatives or friends..... _____
Loans from parents..... _____
Any other loans..... _____
Part-time job earnings..... _____
Veterans benefits of any kind..... _____
Scholarships..... _____
Any other income or resources..... _____
TOTAL.....$_____

PARENTAL FINANCIAL ANALYSIS

Father's income before taxes.....$_____

Mother's income before taxes..... _____

GROSS INCOME (Total of Above).....$_____

Number of Dependents (excluding mother and father)..... _____

Number of Dependents planning to attend college..... _____

Medical and Dental expenses not paid by insurance.....$_____

Emergency expenses (flood damage, etc.)..... _____

Total market value of home..... _____

Amount of unpaid mortgage..... _____

Do you own a business or farm? Yes_____ No_____ IF FARM NO. OF ACRES _____

If so, what is the market value?..... _____

What is the Net Profit?..... _____

Value of bank accounts..... _____

Value of other investments (stocks, bonds, life insurance, retirement). _____

Any unusual circumstances, please explain:_____

_____

_____

REFERENCES

For reference, give the name, address and occupation of two persons you have contacted concerning your qualifications. Request that they mail letters of recommendation to Charles Lyons Memorial Foundation, P. O. Box 236, Lexington, MO 64067.

NAME_____ NAME_____

ADDRESS_____ ADDRESS_____

_____ _____

_____

Signature of Applicant

APPROVAL OF PARENTS

I (We) have read the statements contained in this application. They are accurate and I (we) approve this application.

_____

_____

(Signature[s] of Parent[s] or Guardian)

DATED:_____