



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



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

2010Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning , 2010, and ending

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

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)

Room/suite

B Telephone number (see the instructions)

P.O. Box 236

(660) 232-2000

City or town

State ZIP code

Lexington

MO 64067-0236

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

C If exemption application is pending, check here ☐
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)

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 ☐

\$ 572,508.

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)

1 Contributions, gifts, grants, etc., received (att sch)

2 Ck ☒ if the foundn is not req to att Sch B

3 Interest on savings and temporary cash investments

21.

21.

21.

4 Dividends and interest from securities

14,023.

14,023.

14,023.

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)

0.

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

1,707.

1,707.

1,707.

15,751.

15,751.

15,751.

13 Compensation of officers, directors, trustees, etc

7,350.

2,150.

7,350.

3,500.

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 X see instr) IRS Section 4940

131.

131.

131.

19 Depreciation (attach sch) and depletion

20 Occupancy

21 Travel, conferences, and meetings

191.

191.

22 Printing and publications

23 Other expenses (attach schedule)

See Line 23 Stmt

669.

670.

469.

24 Total operating and administrative expenses. Add lines 13 through 23

10,191.

4,131.

10,192.

3,969.

25 Contributions, gifts, grants paid

48,500.

48,500.

26 Total expenses and disbursements. Add lines 24 and 25

58,691.

4,131.

10,192.

52,469.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

-42,940.

b Net investment income (if negative, enter -0-)

11,620.

c Adjusted net income (if negative, enter -0-)

5,559.

SCANNED MAY 20 2011

REVENUE

ADMINISTRATIVE
OPERATING
AND
EXPENSES

17P

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	834.	543.	543.
	2 Savings and temporary cash investments	122,899.	10,342.	10,342.
	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	258,855.	305,175.	561,623.
	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)	382,588.	316,060.	572,508.	
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 and complete lines 24 through 26 and lines 30 and 31. ☒			
	24 Unrestricted	382,588.	316,060.	
	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)	382,588.	316,060.	
	31 Total liabilities and net assets/fund balances (see the instructions)	382,588.	316,060.	

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	382,588.
2 Enter amount from Part I, line 27a	2	-42,940.
3 Other increases not included in line 2 (itemize) _____	3	
4 Add lines 1, 2, and 3	4	339,648.
5 Decreases not included in line 2 (itemize) <u>Capital losses</u>	5	23,588.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	316,060.

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 300sh Berkshire Hathaway B	P	03/04/10	11/04/10
b 500sh China Agritech, Inc.	P	03/04/10	05/06/10
c 50sh Intuitive Surgical	P	03/04/10	03/04/10
d 300sh Garmin Ltd	P	01/04/07	05/06/10
e See Columns (a) thru (d)			

(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 24,666.		24,894.	-228.
b 7,536.		13,009.	-5,473.
c 17,626.		17,927.	-301.
d 10,191.		16,639.	-6,448.
e See Columns (e) thru (h)		75,934.	-11,138.

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			-228.
b			-5,473.
c			-301.
d			-6,448.
e See Columns (i) thru (l)	0.	0.	-11,138.

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	-23,588.
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))
2009	25,433.	521,535.	0.048766
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

2 Total of line 1, column (d)	2	0.333639
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	0.066728
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	558,261.
5 Multiply line 4 by line 3	5	37,252.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	116.
7 Add lines 5 and 6	7	37,368.
8 Enter qualifying distributions from Part XII, line 4	8	52,469.

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)

1 a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instr.)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		1 116.
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		3 116.
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-		5 116.
6 Credits/Payments:		
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	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	9 116.	
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 2011 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		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? <i>If 'Yes,' attach a detailed description of the activities.</i>		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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a 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? <i>If 'No,' attach explanation</i>	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

BAA

Form 990-PF (2010)

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? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>Steve Oliaro</u> Telephone no <u>(660) 232-2000</u> Located at <u>P.O. BOX 236</u> <u>Lexington</u> <u>MO</u> ZIP + 4 <u>64067-0236</u>			
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 <u>15</u>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u>	16	Yes	No X

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)? Organizations relying on a current notice regarding disaster assistance check here <u></u>	1b	X
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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	☐ Yes ☒ No	
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 <u>20__ , 20__ , 20__ , 20__</u>		
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 2010 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 2010)	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 2010?	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)?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? ☐ Yes ☒ No

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?**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	450.	0.	0.
Mildred Burns P.O. Box 352, Lexington, MO 64067	Treasurer 10.00	2,700.	0.	0.
Donald L. Coen 539 N. 17th, Lexington, MO 64067	Vice President 5.00	700.	0.	0.
See Information about Officers, Directors, Trustees, Etc		3,500.	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

BAA

Form 990-PF (2010)

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 499,453.
b Average of monthly cash balances	1b 67,309.
c Fair market value of all other assets (see instructions)	1c 0.
d Total (add lines 1a, b, and c)	1d 566,762.
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	3 566,762.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 8,501.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 558,261.
6 Minimum investment return. Enter 5% of line 5	6 27,913.

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 27,913.
2a Tax on investment income for 2010 from Part VI, line 5	2a 116.
b Income tax for 2010 (This does not include the tax from Part VI)	2b
c Add lines 2a and 2b	2c 116.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3 27,797.
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 27,797.
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 27,797.

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 52,469.
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 52,469.
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)	5 116.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 52,353.

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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				27,797.
2 Undistributed income, if any, as of the end of 2010.				
a Enter amount for 2009 only			0.	
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2010				
a From 2005	18,401.			
b From 2006	18,115.			
c From 2007	43,798.			
d From 2008	0.			
e From 2009	0.			
f Total of lines 3a through e	80,314.			
4 Qualifying distributions for 2010 from Part XII, line 4: \$ 52,469.				
a Applied to 2009, 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 2010 distributable amount				
e Remaining amount distributed out of corpus	52,469.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	27,797.			27,797.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	104,986.			
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 2009 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				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 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	104,986.			
10 Analysis of line 9				
a Excess from 2006	8,719.			
b Excess from 2007	43,798.			
c Excess from 2008	0.			
d Excess from 2009	0.			
e Excess from 2010	52,469.			

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 2010, 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)

- 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				
Bennett, Madison L. 704 W 35th St Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Bueker, Melissa M. 707 W Broadway Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Elmore, Stephanie L. 207 W 26th St Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Garrett, Jennifer M. 1506 Lipper Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Larimore, Rachel V. 1307 Lipper Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Nuelle, Chad M. 7431 Bear Grove Rd Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Rechterman, Wendy M. 16644 Rocky Ford Rd Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Road, Hannah K. 801 W. 35th St Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
Spire, Jonathon P. 19858 Long Grove Rd Higginsville MO 64037	NONE	NONE	Scholarship	1,000.
See Line 3a statement				39,500.
Total			3a	48,500.
b Approved for future payment				
Total			3b	

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

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	318.		319.	319.
Corporate registration	20.		20.	
Miscellaneous	42.		42.	
Office expense	289.		289.	150.
Total	669.		670.	469.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (a) thru (d)

(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)
100sh Garmin Ltd	P	01/04/07	11/04/10
100sh Garmin Ltd	P	09/07/07	11/04/10
3,000sh Gerdau SA Spons ADR	P	various	02/09/10
200sh Noble Corp	P	05/29/08	05/06/10
300sh Noble Corp	P	05/29/08	11/04/10

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (e) thru (h)

(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)
3,170.		5,546.	-2,376.
3,170.		10,485.	-7,315.
40,221.		27,265.	12,956.
7,609.		13,055.	-5,446.
10,626.		19,583.	-8,957.
Total		75,934.	-11,138.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
			-2,376.
			-7,315.
0.	0.	0.	12,956.
			-5,446.
			-8,957.
Total	0.	0.	-11,138.

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 ☒ Business ☐ John Giorza 9 S. 11th, Lexington, MO 64067	Director 5.00	400.	0.	0.
Person ☒ Business ☐ Gary R. Bradley 110 S. 10th, Lexington, MO 64067	Secretary 5.00	200.	0.	0.
Person ☒ Business ☐ Steve Oliaro P.O. Box 336, Lexington, MO 64067	Director 5.00	1,200.	0.	0.
Person ☒ Business ☐ Robert Mitchell 79 Tomahawk, Lexington, MO 64067	Director 5.00	700.	0.	0.
Person ☒ Business ☐ Thomas Hayes 16 Lakeview Drive, Lexington, MO 64067	Director 5.00	550.	0.	0.
Person ☒ Business ☐ Kaye Worthington 3019 South Street Lexington MO 64067	Director 5.00	450.	0.	0.

Total

3,500. 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

Form 990-PF, Page 10, Part XV, Line 2

Continued

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

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	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Woodward, Shelby L. 607 W. 25th Terrace Higginsville MO 64037	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Alder, Andrew P. 81 Tomahawk Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Backs, Nicole L. 807 S. 23rd Terrace Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Davis, Haylee B. 12123 Davis Dr Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Dinwiddie, Sarah B 10847 County Farm Rd Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Mazick, Charles M. 78 Tomahawk Lane Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 2,500.
Miller, Kelsey E. 2801 Stephen Lane Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Rector, Lindsay K. 1704 Bloom St. Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ X Business ☐ 1,000.
Slusher, Krystal L. 18450 Highway 24 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	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Stratton, Kasey M. 665 Golfview Lane Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Summerlin, Julie S. 1407 Oak Hill Dr Lexington MO 64067	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Brown, Jennifer S. 10502 Highway U Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Dandurand, Marshall A. 8446 HH Highway Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Hotmer, Thomas J. 700 S. Russell Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 2,500.
Kintz, Jacob R. 202 Willow Dr. Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Long, Daniel W. 11602 Mt. Zion Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Potts, Zane A. 1854 Shaw School Rd Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 2,500.
Sheilds, Mariah A. 702 S. Sibley Dr. Buckner MO 64016	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Steelman, Cole E. 2467 Shaw School Rd Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Varner, Brett P. 6546 Varner Rd Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Waibel, Taylor L. 10046 Odessa Cemetery Rd Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Westmoreland, Rebecca L. 818 S. 2nd St. Odessa MO 64076	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Aversman, Lauren M. 18916 Hwy BB Corder MO 64021	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Knipmeyer, Jeffrey A. 31002 Highway UU Alma MO 64001	NONE	NONE	Scholarship	Person or ☒ 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	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Rolf, Hunter D. 12758 Hwy 23 Alma MO 64001	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Heins, Sarah L. 9788 Hwy T Higginsville MO 64037	NONE	NONE	Scholarship	Person or ☒ Business ☐ 2,500.
Luebbert, Alyse C. 1173 NE 871 Rd. Concordia MO 64020	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Riesterer, Sara M. 5239 Walkenhorst Rd. Concordia MO 64020	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Arndt, Ethan C. 440 Old Santa Fe Trail Napoleon MO 64074	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Barnett, Melanie F. 10609 Linn Grove Rd. Wellington MO 64097	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Beissenherz, April L. 706 Maple St. Wellington MO 64097	NONE	NONE	Scholarship	Person or ☒ Business ☐ 2,500.
Williams, Hanna J. 210 E. Hwy 224 Wellington MO 64097	NONE	NONE	Scholarship	Person or ☒ Business ☐ 1,000.
Total				39,500.

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.	
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	Fair Market Value
CSX Corporation	9,604.	9,692.
Cerner Corporation	15,777.	18,948.
Chevron Corporation	5,157.	91,250.
Commerce Bancshares, Inc.	37,123.	41,717.
Deere & Co.	11,863.	12,458.
Exxon Mobil Corporation	2,359.	73,120.
Ford Motor Company	9,063.	16,790.
Frontier Communications	3,630.	4,670.
General Electric Company	16,483.	18,290.
Mastercard, Inc.	28,048.	44,822.
Schlumberger Ltd	21,388.	25,050.
Vanguard Natural Res., LLC	22,814.	29,650.
Verizon Communications	53,859.	71,560.
VISA, Inc.	16,663.	14,076.
Health Care Property Inv. Inc.	39,001.	73,580.
Sector SPDR Fincl Select	12,343.	15,950.
Total	<u>305,175.</u>	<u>561,623.</u>

Supporting Statement of:

Form 990-PF, p2/Line 2(b)

Description	Amount
Charles Schwab Cash Account	10,342.
Total	<u>10,342.</u>

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				
ENG	MATH	SCI &	SOC	COMP

COLLEGE BOUND PERCENTILES				
ENG	MATH	SCI &	SOC	COMP

SAT

☐ SAT ☐ VERBAL MATH ☐ SUBSCORES ☐ Read ☐ Voc ☐ TWE ☐ 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 _____
ADDRESS _____

NAME _____
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.

DATED: _____

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

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 _____
ADDRESS _____

NAME _____
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: _____