

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



Form **990-PF**

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	
2012	
ZUIZ	

Department of the Treasury Internal Revenue Service

For	alen	dar year 2012 or tax year	beginning M	IAR	1,	2012	, and ending	DEC 31, 2012	<u>. </u>
Nar	ne of	foundation						A Employer identification	n number
E	MM	A SNYDER CHA	RITABLE F	וטסי	NDA'	TION		31-6640240)
Nun	nber a	nd street (or PO box number if	mail is not delivered to	streeta	address)	Room/suite	B Telephone number	***************************************
3	25	W. MAIN STR	EET				2000	502-584-11	.08
		own, state, and ZIP code	40202					C If exemption application is	pending, check here
-			Initial return			Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
			Final return			Amended return		2 -	
			Address change			Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H_C	heck	type of organization	X Section 501(c)					E If private foundation sta	atus was terminated
\perp		ction 4947(a)(1) nonexemp				axable private founda	ation	under section 507(b)(1)(A), check here
l Fa	ır ma	rket value of all assets at e	nd of year J Acc	_			Accrual	F If the foundation is in a	_ []
		Part II, col (c), line 16)) CE 0 10 11		her (sp		\	under section 507(b)(1)(B), check here
				colui		must be on cash l			(d) Db
Pa	<u>irt l</u>	(The total of amounts in columnecessanly equal the amount	mns (b), (c), and (d) may	not) Revenue and penses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants	, ,			683,337.			
	2	Check Interest on savings and tempo	·	В			3		CONTRACTOR OF THE PROPERTY OF
	3	cash investments	•			2. 7,053.	7,053	· · · · · · · · · · · · · · · · · · ·	STATEMENT 1 STATEMENT 2
	4	Dividends and interest from	m securities	-		7,053.	7,055.	·	STATEMENT Z
	l	Gross rents Net rental income or (loss)							
	۱ ـ	Net gain or (loss) from sale of a	nanata not on line 10			<1,730.	>	· · · · · · · · · · · · · · · · · · ·	
uge.	b	Gross sales price for all assets on line 6a	139,547	7.					
Revenue	7	Capital gain net income (from F		_	,		0.	, , , ,	
Œ	8	Net short-term capital gair	n						
	9	Income modifications							
	10a	Gross sales less returns and allowances						1, 1 , 1, 1	
	l	Less Cost of goods sold					•••••••		
	l	Gross profit or (loss)					, , ,		
	11	Other income Total. Add lines 1 through	h 11			688,662.	7,055	. 0	
	13	Compensation of officers, dire		1		0.	0,		
	14	Other employee salaries a							
	15	Pension plans, employee	benefits						
ses	16a	Legal fees	STMT 3	3 [31,019.	31,019	. 0	0.
pen	b	Accounting fees	_						
Operating and Administrative Expens	i	Other professional fees	STMT 4	ł		4,430.	4,430.	0	. 0.
tive	17	Interest -	CMMM F			1,088.	1 000		1
stra	18	Taxes Depreciation and depletion	STMT 5	'		1,000.	1,088.	. 0	0.
n. ioi	19 20		1						
Adr	21	Occupancy Travel, conferences, and	meetings						
P	22	Drinting and publications	Ι <u>Ό</u> Ι						
g	239	pthe dexpenses 4 201	13 Г §ртит е	5		1,710.	1,710	. 0	. 0.
ratir	2400	total operating and adm	inistrative						
) De		expenses . Add lines 13 th				38,247.	38,247	. 0	
J	25	Contributions, gifts, grant				31,500.			31,500.
	26	Total expenses and disbi	ursements.			60 747	20 247	_	21 500
	27	Add lines 24 and 25	10		_	69,747.	38,247	. 0	31,500.
		Subtract line 26 from line Excess of revenue over expens				618,915.			
		Net investment income (if					0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
_		Adjusted net income (if ne				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions

SCANNED JUL 0

Form 990-PF (2012) EMMA SNYDER CHARITABLE				31-6640240 Page 2			
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year			
	OL I	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
		Cash - non-interest-bearing		13,158.	13,158.		
		Savings and temporary cash investments					
	3	Accounts receivable ►					
		Less allowance for doubtful accounts ▶		 			
	4	Pledges receivable		1			
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other	į				
	_	disqualified persons			······································		
	7	Other notes and loans receivable					
	_	Less allowance for doubtful accounts					
ets	۱ ـ	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
	l	Investments - U S and state government obligations					
	l	Investments - corporate stock					
	l	Investments - corporate bonds			. , ,		
	''	Investments - land, buildings, and equipment basis		İ			
	12	Less accumulated depreciation					
	12	Investments - mortgage loans Investments - other STMT 7	0.	505,757.	505,500.		
	14	Land, buildings, and equipment basis > 100,000.	, , , , , , , , , , , , , , , , , , ,	303/1316	303/3001		
	14	Less accumulated depreciation	0.	100,000.	100,000.		
	15	Other assets (describe		100,000			
	10	Other assets (describe >					
	16	Total assets (to be completed by all filers)	0.	618,915.	618,658.		
_	17	Accounts payable and accrued expenses			······································		
	18	Grants payable					
Ş	19	Deferred revenue					
ij	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable					
	22	Other liabilities (describe >					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
s		and complete lines 24 through 26 and lines 30 and 31.					
Net Assets or Fund Balances	24	Unrestricted					
alar	25	Temporarily restricted					
Ö	26	Permanently restricted					
Š		Foundations that do not follow SFAS 117, check here					
F		and complete lines 27 through 31.		610 015			
ş	27	Capital stock, trust principal, or current funds	0.	618,915.			
SSe	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.			
۲	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.			
ž	30	Total net assets or fund balances	0.	618,915.			
	24	Total liabilities and not constant und belonge	0.	618,915.			
_		Total liabilities and net assets/fund balances		010,913.			
P	art	Analysis of Changes in Net Assets or Fund B	alances				
1		l net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	0.		
		r amount from Part I, line 27a		2	618,915.		
		r increases not included in line 2 (itemize)		3	610.015		
		lines 1, 2, and 3		4	618,915.		
		reases not included in line 2 (itemize)	olumn (h) kas 20	5	0. 618,915.		
<u>U</u>	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	viurini (u), iiile 30	6	010,913.		

223511 12-05-12

	A SNYDER CHARITA			<u> </u>		3	1-004	0240	Page 3
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, P - Purchase					(c) Date	acquired	(d) Dat	hins a	
2-story brick warehouse, or common stock, 200 shs. MLC Co.)					- Purchase - Donation		day, yr)	(mo , da	
PUBLIC TRADED SECURITIES-SHORT TERM P						VARI	OUS		
b CAPITAL GAINS I	DIVIDENDS			<u> </u>					
<u> </u>		-				1			
<u>d</u>						-			
<u>e </u>	(A) Department allowed	(m) Co.	et er ether beer	<u> </u>		(5)	```		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	st or other basis expense of sale				Gain or (loss) is (f) minus (
a 136,060.			141,27	77.				<5	,217.
b 3,487.								3	,487.
C									
<u>d</u>									
e Constate and the constant about	in actions (b) and award by	b - f	10/01/60						
Complete only for assets snowing	g gain in column (h) and owned by t		cess of col (I)				Col (h) gain i not less than		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		col (j), if any				(from col (l		
a								<5	,217.
b									,487.
c									
<u>d</u>									
e				_					
2 Capital gain net income or (net ca	ortal loss) { If gain, also enter If (loss), enter -0-	in Part I, line	7	 	2			<1	,730.
, ,	•		. /	7	-				<u>, , 50 .</u>
Net snort-term capital gain or (los If gain, also enter in Part I, line 8, (s) as defined in sections 1222(5) an column (c)	a (6)		J	,				
If (loss), enter -0- in Part I, line 8	• •			Ĵ	3		N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estment l	ncome			
For optional use by domestic private	foundations subject to the section 4	1940(a) tax or	n net investment ir	ncome))			N/A	
f section 4940(d)(2) applies, leave th	is part blank								
Was the foundation liable for the sect	ion 4042 tay on the distributable am	ount of any v	aar in tha haca na	nod2				Yes	□ No
f "Yes," the foundation does not quali			•	iiuu ,				163	100
	ach column for each year, see the ir			entries	;				_
(a) Base period years	(b)			(c)			Distrib	(d) ution ratio	
Calendar year (or tax year beginnir	ig in) Adjusted qualifying dist	tributions	Net value of no	oncha	ritable-use ass	ets	(col (b) div	ided by col	(c))
2011									
2010					-				
2009 2008									
2007							····· •		
			 						
2 Total of line 1, column (d)						2			
3 Average distribution ratio for the 5	5-year base period - divide the total o	on line 2 by 5,	, or by the number	r of ye	ars				
the foundation has been in exister	nce if less than 5 years					3		_	
Enter the net value of noncharitab	le-use assets for 2012 from Part X,	line 5				4	-		
Multiply line 4 by line 3						5			
With the 4 by line 5					•		 		
Enter 1% of net investment incom	ie (1% of Part I, line 27b)					6			
								· · · · · · · · · · · · · · · · · · ·	
7 Add lines 5 and 6						7			
B Enter qualifying distributions from	Part XII, line 4					8	<u> </u>		
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and com	plete that part usir	ng a 1	% tax rate				

223521 12-05-12

<u>For</u> m	990-PF (2012) EMMA SNYDER CHARITABLE FOUNDATION	31-	6640	240		Page 4
Pa	rt VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctio	ns)
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 instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and enter 1%	1	ļ			0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 💚		1			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
_	Add lines 1 and 2	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	<u> </u>			0.
	Credits/Payments					
	2012 estimated tax payments and 2011 overpayment credited to 2012					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					^
	Total credits and payments Add lines 6a through 6d					0.
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8	 			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2013 estimated tax					
	t VII-A Statements Regarding Activities			T	V	A1 -
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published	d or				
_	distributed by the foundation in connection with the activities.					v
	Did the foundation file Form 1120-POL for this year?			10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\begin{align*} \text{ \text{ 0 \cdot (2) On foundation managers}} \begin{align*} \text{ \text{ \text{ 0 \cdot (2) On foundation managers}}} \end{align*}					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
6	managers > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
-	If "Yes," attach a detailed description of the activities			-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, c	r				
Ū	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		- <u></u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5		X
	If "Yes," attach the statement required by General Instruction T.					
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ł		
	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	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.					,,,
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	KY					
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	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any dersons become substantial contributors during the tax year? If 'yes' attach a schedule listing their names and addresses			10		<u> </u>

 \triangleright

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	507,283. 68,160.
b	Average of monthly cash balances	1b	68,160.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	575,443.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	575,443.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,632.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	566,811.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	23,760.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	23,760.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	23,760.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	23,760.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	23,760.
P	art 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	31,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	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	31,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,500.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	he section
	40.40/a) reduction of tay in those years		

Page 9

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		. ,	•	
line 7				23,760.
2 Undistributed income, if any, as of the end of 2012			, , , , , , , , , , , , , , , , , , , ,	
a Enter amount for 2011 only			0.	
b Total for prior years	1	,		
		0.		_
3 Excess distributions carryover, if any, to 2012	h	· · · · · · · · · · · · · · · · · · ·	,1,	
a From 2007				
b From 2008				
c From 2009				
d From 2010	1			
e From 2011				
f Total of lines 3a through e	0.1			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ▶ \$ 31,500.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				, ,, ,, ,, ,, ,, ,, ,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		, , ,		
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount		,		23,760.
e Remaining amount distributed out of corpus	7,740.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,740.			
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		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of	<u> </u>	1-1		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	7 -			
Subtract lines 7 and 8 from line 6a	7,740.			
10 Analysis of line 9	, ,			
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012 7,740.				
	<u></u> 1			Form 990-PF (2012)

		ABLE FOUNDA		31–66	40240 Page 10
Part XIV Private Operating Fo			-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	2012, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the found	ation is a private operati	ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
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		<u> </u>			
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000) (See	section 507(d)(2))			
NONE					· · · · · · · · · · · · · · · · · · ·
b List any managers of the foundation wh			(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation hand $\operatorname{\mathbf{NONE}}$	s a 10% of greater littere	:51			
	ion Const Cift Long	Cabalambia eta D			
2 Information Regarding Contribution Check here ☐ If the foundation of					anta fau from da 16
the foundation makes gifts, grants, etc					
		-		omplete Roms 24, 5, 6, and	-
a The name, address, and telephone num ALLEN P. DODD, III,	Del or e-mail of the pers 502_501_11	on to whom applications	SHOULD DE AUDTESSED		
325 W. MAIN ST. STE.			40202		
		•			W
b The form in which applications should be WRITTEN APPLICATION,				IED IN APPLI	CATION
c Any submission deadlines NONE					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields	, kinds of institutions, or	other factors	
NONE	, C C - I'm		, -		
223601 12-05-12					Form 990-PF (2012)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year HEUSER HEARING AND LANGUAGE FUND SERVICE PLAN FOR 117 E. KENTUCKY ST. SOUND FIELD AND FM SYSTEM FOR CLASSROOMS LOUISVILLE, RY 40203 4,000. INDIANA NATURAL RESOURCES FOUNDATION CREATE FULLY 402 WEST WASHINGTON ST. W256 ACCESSIBLE BONFIRE INDIANAPOLIS, IN 46204 RING AT WYANDOTTE GROUP CAMP AT OBANNON WOODS STATE PARK; 10,000. KENTUCKY FISH AND WILDLIFE FOUNDATION TO BUILD AN #1 SPORTSMAN LN. AMPHITHEATER AT SALATO FRANKFORT, KY 40601 TO CREATE AN ELEVATED STAGE FOR 200 STUDENTS TO ATTEND CONSERVATION 10,000. KENTUCKY SCHOOL FOR THE BLIND TO PROVIDE 6 - 32 INCH 1867 FRANKFORT AVE. TVS, TWO SETS WASHERS LOUISVILLE, KY 40206 AND DRYERS, 10 IPADS, 4 REFRIGERATORS, ONE SECURITY ACCESS BADGE 7,500. Total **▶** 3a 31,500. b Approved for future payment NONE Total **▶** 3b

223611 12-05-12

** SEE PURPOSE OF GRANT CONTINUATIONS

	1			
Part XVI-A	Analysis	of Income	-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Amount	
<u> </u>	-				
b	-				
C					
d					
e	_				
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash			14	2.	, , , ,
Investments			$\frac{14}{14}$	7,053.	
4 Dividends and interest from securities			14	1,055.	·,, -,
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			18	<1,730.>	
9 Net income or (loss) from special events			1 1	11/130.	•
10 Gross profit or (loss) from sales of inventory					
11 Other revenue			1		· · · · · · · · · · · · · · · · · · ·
a					
b					
C					
d	1 1	-7			
e		10 10 10 10 10 10 10 10 10 10 10 10 10 1			
12 Subtotal Add columns (b), (d), and (e)		O		5,325.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	5,325.
(See worksheet in line 13 instructions to verify calculations.)	1				•

Part XV	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)
!	

223621 12-05-12

Page 13

Part XVII	Information Regarding Tran	sfers To a	and Transactions a	nd Relations	hips With Noncha	ritable	•	900
1 Did the ore	Exempt Organizations ganization directly or indirectly engage in any	of the followin	a with any other organization	n described in sect	ion 501/c) of	ľ	Yes	No
	other than section 501(c)(3) organizations) o				1011 30 1(0) 01		. 00	-110
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 tran								v
	of assets to a noncharitable exempt organiza					1b(1)		X
٠,,	nases of assets from a noncharitable exempt of	organization				1b(2) 1b(3)		X
* *	il of facilities, equipment, or other assets bursement arrangements					1b(4)	-	$\frac{x}{x}$
* *	s or loan guarantees					1b(5)		X
	rmance of services or membership or fundral	sing solicitatio	ns			1b(6)		Х
c Sharing of	f facilities, equipment, mailing lists, other asse	ets, or paid em	ployees			10		X
d If the answ	ver to any of the above is "Yes," complete the	following sche	dule Column (b) should alv	ways show the fair r	market value of the goods,	other ass	ets,	
	s given by the reporting foundation. If the fou		ed less than fair market valu	ie in any transaction	n or sharing arrangement, s	show in		
	(b) Amount involved (c) Name of		a avampt organization	(4) 5				
(a) Line no	(b) Arribult involved (c) Name of	N/A	exempt organization	(u) Description	n of transfers, transactions, and	snanng ar	rangeme	nts
	-	N/A	 					
				_	· · · · · · · · · · · · · · · · · · ·			
		<i></i>						
	ndation directly or indirectly affiliated with, or			zations described	٦	— _{1 .} ,	Γ υ	٦
	501(c) of the Code (other than section 501(c) omplete the following schedule)(3)) or in sect	ion 5277		L.	Yes] No
U II TES, CO	(a) Name of organization		(b) Type of organization		(c) Description of relations	hin		
	N/A		(a) type or organization		(0) = 000			
				-				
								
 				L				
	penalties of penury, I declare that I have examined the elief, it is true, correct, and complete. <u>Declaration of pr</u>				r has any knowledge Ma	y the IRS ourn with th	discuss e prepai	this er
Here		_	6-127013		1 sho	X Yes	(see ins	<u>"'</u> "
🖊	nature of officer or trustee	<u> </u>	Date	Title		A res	·	J No
1 - 9.	Print/Type preparer's name	Preparer's s		Date	Check if PTIN			
					self- employed			
Paid	HELEN COHEN, CPA		COHEN, CPA			0074		
Preparer	Firm's name ► BLUE & CO.,	LLC			Firm's EIN ► 35-1	1786	61	
Use Only	Firm's address ► 2650 EASTPC	יים חואדו	WA # 300		 -			
	LOUISVILLE,		wr # 300 223		Phone no (502	, 00	2-3	500
	LOUISVILLE	VI 40	4. L. J	 		orm 990		
					FU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F. L. (2012)

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

	EMMA SNYDER CHARITABLE FOUNDATION	31-6640240				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	١				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.				
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo Complete Parts I and II.	re (in money or property) from any one				
Special Rules						
509(a)(1) and	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution t on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contribut	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.					
contributions If this box is a purpose. Do r	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on for use exclusively for religious, charitable, etc., purposes, but these contributions dischecked, enter here the total contributions that were received during the year for an enot complete any of the parts unless the General Rule applies to this organization be ritable, etc., contributions of \$5,000 or more during the year	d not total to more than \$1,000. xxclusively religious, charitable, etc.,				
Caution An organizat	tion that is not covered by the General Rule and/or the Special Rules does not file Sci	hedule B (Form 990, 990-FZ, or 990-PF)				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

EMMA SNYDER CHARITABLE FOUNDATION

31-6640240

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF EMMA SNYDER C/O ALLEN P. DODD, 325 W. MAIN ST. STE. 2000 LOUISVILLE, KY 40202	\$ 583,337.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF EMMA SNYDER C/O ALLEN P. DODD, 325 W. MAIN ST. STE. 2000 LOUISVILLE, KY 40202	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

EMMA SNYDER CHARITABLE FOUNDATION

31-6640240

Part II Noncash Property (see)	e instructions). Use duplicate copies of Part II if additional space is n	eeded.
---------------------------------	---	--------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
HOUSE 2			
		<u> </u>	03/01/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 12-21-12		\$	90, 990-EZ, or 990-PF) (

Employer identification number

EMMA S	NYDER CHARITABLE FOUND	ATION	31-6640240				
Part III'	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	ridual contributions to section 501(c)(7) te following line entry: For organizations te contributions of \$1,000 or less for the), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter 8 VBAL (Finer this information core) \$ \$				
	Use duplicate copies of Part III if additional	al space is needed.	c your (chief his information once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
10.(1							
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
	The transfer for						
4.334							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	
SOURCE				AMOUNT	
STOCK YARDS BANK & TRUST			-	2 .	
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	-	2	
FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECU	JRITIES	STATEMENT 2	
SOURCE	GROSS		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
STOCK YARDS BANK & TRUST		10,540.	3,487.	7,053.	
TOTAL TO FM 990-PF, PART I, 1	LN 4	10,540.	3,487.	7,053	
FORM 990-PF	LEGAL	FEES		STATEMENT :	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLI E PURPOSES	
DODD & DODD ATTORNEY, PLLC STOCK YARDS BANK	17,297. 13,722.			0. 0	
TO FM 990-PF, PG 1, LN 16A	31,019.	31,019.		0.	
FORM 990-PF	OTHER PROFES	SIONAL FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
STOCK YARDS BANK	4,430.	4,430.	•	0. 0	
TO FORM 990-PF, PG 1, LN 16C	4,430.	4,430.		0. 0	

FORM 990-PF	TAX	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
FOREIGN TAXES FROM FLOW-THRU RETURNESTATE OF EMMA SNYDER FOREIGN TAX REAL PROPERTY TAXES	34. 47. 1,007.	34. 47. 1,007.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	1,088.	1,088		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
ADMINISTRATIVE EXPENSE	1,710.	1,710	. (0.	
TO FORM 990-PF, PG 1, LN 23	1,710.	1,710		0.	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7	
DESCRIPTION		LUATION ETHOD BO	OOK VALUE	FAIR MARKET VALUE	
STOCK YARDS TRUST CO	_	COST	505,757.	505,500.	
TOTAL TO FORM 990-PF, PART I	<u></u>	505,757.	505,500.		

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	X
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	this form).		
Do not	complete Part II unless you have already been granted a	in automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	368 to request an e	extension
	o file any of the forms listed in Part I or Part II with the exc					
	I Benefit Contracts, which must be sent to the IRS in paper					
	w.irs gov/efile and click on e-file for Charities & Nonprofits.		(••••			•
Part I	***	_	ubmit original (no copies ne	eded).		
	ration required to file Form 990-T and requesting an auton					
Part I or	,	natio o mo	THE CALCULATION CHECK WITH DOX CITE	complete	•	•
	•	ICo and t	nusts must use Form 7004 to reques	t an oxton	oion of timo	
	corporations (including 1120-C filers), partnerships, REMi come tax returns.	ios, and u	asis mast use rom roo4 to reques	t an exten	Sion of time	
		-4		Casalava		-box (EIN) ox
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employe	r identification num	iber (EIIV) or
print	EMMA CATADED CHADINADIE ECHA	ID A M T (ONT.	•	21 66402	4.0
File by the	EMMA SNYDER CHARITABLE FOUN				31-66402	
due date fo	or Number, street, and room or suite no. If a P.O. box, se		tions.	Social se	curity number (SSI	N)
filing your return See				<u> </u>		
instruction		reign add	ress, see instructions.			
	LOUISVILLE, KY 40202					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
					-	
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720			09
Form 99	0-PF	04	Form 5227		-	10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
	ALLEN P. DODD,					
● The b	books are in the care of > 325 W. MAIN ST.		E 2000 - LOUISVILL	E. KY	40202	
	phone No. ► 502-584-1108	.,	FAX No. ▶	<u> </u>	10202	
•						
	organization does not have an office or place of business		•	(E.A.)		
_	s is for a Group Return, enter the organization's four digit (1				
box ▶			• • • • •		ers the extension i	s tor.
1 Ir	equest an automatic 3-month (6 months for a corporation	-	· · · · · · · · · · · · · · · · · · ·			
		t organiza	tion return for the organization name	ed above.	The extension	
IS	for the organization's return for:					
	calendar year or		DEG 21 2012			
•	X tax year beginning MAR 1, 2012	, an	d ending DEC 31, 2012		_ ·	
2 lf	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: X Initial return	Fınal retur	'n	
L	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		-	
	onrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.				Зь	s	0.
_						
	using EFTPS (Electronic Federal Tax Payment System).	-	• • •	3c	s s	0.
	If you are going to make an electronic fund withdrawal y					
				OIIII 00 / 9.		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see ms(r	uctions.		Form 8868 (F	16V. 12U (3)

223841 01-21-13