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2016

OMB No 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| For                         | caler  | ndar year 2016, or tax year beginning 01-01-20  | )16 , aı                     | nd er | nding 12-31-                                 | 2016   |                         |  |
|-----------------------------|--|---|------------------------------|-------|--|--|-------------------------|--|
|                             |  | indation<br>JEL LYON CHARITABLE   |                              |       | A Employer Id                                | entification numbe                             | r                       |  |
|                             |  | ION INC   |                              |       | 31-6651291                                   |  |                         |  |
|                             |  | I street (or P O box number if mail is not delivered to street address)<br>EVIEW ROAD   | Room/suite                   |       | <b>B</b> Telephone number (see instructions) |  |                         |  |
|                             |  |   |                              |       | (502) 587-1283                               | 3  |                         |  |
|                             | ry or town, state or province, country, and ZIP or foreign postal code<br>UISVILLE, KY 40206 |   |                              |       | <b>C</b> If exemption                        | application is pendin                          | g, check here           |  |
| G C                         | Check all that apply   |   |                              |       | <b>D 1.</b> Foreign or                       | ganizations, check he                          | ere $\square$           |  |
|                             |  | ☐ Final return ☐ Amended return   | ,                            |       | _  | ganizations meeting                            | ▶ ⊔                     |  |
|                             |  | Address change Name change  |                              |       | test, chec                                   | k here and attach co                           | mputation 🕨 🔲           |  |
| H C                         | neck ty  | pe of organization Section 501(c)(3) exempt private   | foundation                   |       |  | undation status was t<br>n 507(b)(1)(A), chec  |                         |  |
|                             | Section  | n 4947(a)(1) nonexempt charitable trust 🔲 Other taxable   | private foundation           |       |  |  |                         |  |
| of                          | year <i>(f</i>   | xet value of all assets at end from Part II, col (c),  \$ 1,071,969   J Accounting method  ☐ Other (specify) (Part I, column (d) must | be on cash basis )           | al    |  | ation is in a 60-month<br>n 507(b)(1)(B), chec |                         |  |
| Pa                          | rt I   | Analysis of Revenue and Expenses (The total   | (a) Bayanya and              |       |  |  | (d) Disbursements       |  |
|                             |  | of amounts in columns (b), (c), and (d) may not necessarily   | (a) Revenue and expenses per | (b)   | Net investment income                        | (c) Adjusted net income                        | for charitable purposes |  |
|                             |  | equal the amounts in column (a) (see instructions) )  | books                        |       |  |  | (cash basis only)       |  |
|                             | 1  | Contributions, gifts, grants, etc , received (attach schedule)  |                              |       |  |  |                         |  |
|                             | 2  | Check ► ✓ If the foundation is <b>not</b> required to attach  |                              |       |  |  |                         |  |
|                             | _  | Sch B   |                              |       |  |  |                         |  |
| e<br>e                      | 3  | Interest on savings and temporary cash investments  | 27.267                       |       | 27.267                                       |  |                         |  |
|                             | 4  | Dividends and interest from securities  | 27,367                       |       | 27,367                                       |  |                         |  |
|                             | 5a<br>b  | Net rental income or (loss)   |                              |       |  |  |                         |  |
|                             | 6a   | Net gain or (loss) from sale of assets not on line 10   | 23,810                       |       |  |  |                         |  |
| Revenue                     | ь  |   | ,                            |       |  |  |                         |  |
| ěĶ                          | 7  | Gross sales price for all assets on line 6a 37,224  Capital gain net income (from Part IV, line 2)                                    |                              |       | 23,810                                       |  |                         |  |
| ц                           | 8  | Net short-term capital gain   |                              |       | ,  |  |                         |  |
|                             | 9  | Income modifications  |                              |       |  |  |                         |  |
|                             | 10a  | Gross sales less returns and allowances   |                              |       |  |  |                         |  |
|                             | b  | Less Cost of goods sold   |                              |       |  |  |                         |  |
|                             | С  | Gross profit or (loss) (attach schedule)  |                              |       |  |  |                         |  |
|                             | 11   | Other income (attach schedule)  |                              |       |  |  |                         |  |
|                             | 12   | Total. Add lines 1 through 11   | 51,177                       |       | 51,177                                       |  |                         |  |
|                             | 13   | Compensation of officers, directors, trustees, etc  | 0                            |       | 0  |  | 0                       |  |
|                             | 14   | Other employee salaries and wages   |                              |       |  |  |                         |  |
| 6S                          | 15   | Pension plans, employee benefits  |                              |       |  |  |                         |  |
| ens                         | 16a  | Legal fees (attach schedule)  |                              |       |  |  |                         |  |
| ά×                          | b  | Accounting fees (attach schedule)   |                              |       |  |  |                         |  |
| /e E                        | С  | Other professional fees (attach schedule)   |                              |       |  |  |                         |  |
| and Administrative Expenses | 17   | Interest  | on 1                         |       |  |  |                         |  |
| IStr                        | 18   | Taxes (attach schedule) (see instructions)  | 1,270                        |       | 1,270  |  | 0                       |  |
| Ē                           | 19   | Depreciation (attach schedule) and depletion  |                              |       |  |  |                         |  |
| Act                         | 20   | Occupancy   |                              |       |  |  |                         |  |
| ָם<br>ק                     | 21   | Travel, conferences, and meetings   |                              |       |  |  |                         |  |
| J                           | 22   | Printing and publications   | 1,910                        |       | 1,910  |  | 0                       |  |
| Ę                           |  | Total operating and administrative expenses.  | 1,910                        |       | 1,910  |  | , , ,                   |  |
| Operating                   | 24   | Add lines 13 through 23   | 3,180                        |       | 3,180  |  | 0                       |  |
| do                          | 25   | Contributions, gifts, grants paid   | 32,800                       | -     | 3,100  |  | 32,800                  |  |
|                             | 26   | Total expenses and disbursements. Add lines 24 and  | 52,300                       |       |  |  | 22,330                  |  |
|                             |  | 25  | 35,980                       |       | 3,180  |  | 32,800                  |  |
|                             | 27   | Subtract line 26 from line 12   |                              |       |  |  |                         |  |
|                             | a  | Excess of revenue over expenses and disbursements   | 15,197                       |       |  |  |                         |  |
|                             | ь  | Net investment income (If negative, enter -0-)  |                              |       | 47,997                                       |  |                         |  |
|                             | С  | Adjusted net income(If negative, enter -0-)   |                              |       |  |  |                         |  |
| For                         | Paper  | work Reduction Act Notice, see instructions.  |                              | (     | Cat No 11289>                                | ( For  | m <b>990-PF</b> (2016)  |  |

## Assets

| Š                           | 9  | Prepaid expenses and deferred charges                                    |   |
|-----------------------------|--|--|---|
| Ass                         | 10a  | Investments—U S and state government obligations (attach schedule)       |   |
|                             | b  | Investments—corporate stock (attach schedule)                            |   |
|                             | С  | 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)                                      | 808,28  |
|                             | 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 the                      |   |
|                             |  | instructions Also, see page 1, item I)                                   | 809,19  |
|                             | 17   | Accounts payable and accrued expenses                                    |   |
|                             | 18   | Grants payable   |   |
| les                         | 19   | Deferred revenue   |   |
| Liabilities                 | 20   | Loans from officers, directors, trustees, and other disqualified persons |   |
| ıat                         | 21   | Mortgages and other notes payable (attach schedule)                      |   |
| _                           | 22   | Other liabilities (describe ►)   |   |
|                             | 23   | Total liabilities(add lines 17 through 22)                               |   |
|                             |  | Foundations that follow SFAS 117, check here ▶                           |   |
| ses                         |  | and complete lines 24 through 26 and lines 30 and 31.                    |   |
| ances                       | 24   | ·  |   |
| Balances                    | 24<br>25   | and complete lines 24 through 26 and lines 30 and 31.                    |   |
| ind Balances                |  | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      |   |
| Fund Balances               | 25   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      |   |
| or Fund Balances            | 25   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      |   |
| ets or Fund Balances        | 25   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      |   |
| ssets or Fund Balances      | 25<br>26   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      |   |
| it Assets or Fund Balances  | 25<br>26<br>27   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19  |
| Net Assets or Fund Balances | 25<br>26<br>27<br>28   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | · · · · · · · · · · · · · · · · · · ·           |
| Net Assets or Fund Balances | 25<br>26<br>27<br>28<br>29   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19  |
|                             | 25<br>26<br>27<br>28<br>29<br>30   | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19  |
|                             | 25<br>26<br>27<br>28<br>29<br>30<br>31<br>rt III                                       | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19<br>809,19                                |
| Pa                          | 25<br>26<br>27<br>28<br>29<br>30<br>31<br>rt III                                       | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19<br>809,19                                |
| Ра<br>1                     | 25<br>26<br>27<br>28<br>29<br>30<br>31<br>rt IIII                                      | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19<br>809,19<br>809,19<br>80 (must agree wi |
| 1<br>2<br>3<br>4            | 25<br>26<br>27<br>28<br>29<br>30<br>31<br>Tota<br>of-ye<br>Ente<br>Othe<br>Add         | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19<br>809,19                                |
| 1<br>2<br>3                 | 25<br>26<br>27<br>28<br>29<br>30<br>31<br>Tota<br>of-ye<br>Ente<br>Othe<br>Add<br>Decr | and complete lines 24 through 26 and lines 30 and 31.  Unrestricted      | 809,19<br>809,19<br>30 (must agree wr           |

|      | ,   |       |           |
|------|---|-------|-----------|
| 5    | Other assets (describe >)   |       |           |
| 5    | Total assets (to be completed by all filers—see the   |       |           |
|      | Instructions Also, see page 1, item I) 809,191  | 824,3 | 1,071,969 |
| 7    | Accounts payable and accrued expenses   |       |           |
| 3    | Grants payable  |       |           |
| •    | Deferred revenue  |       | 7         |
| )    | Loans from officers, directors, trustees, and other disqualified persons  |       | 7         |
| L    | Mortgages and other notes payable (attach schedule)   |       |           |
| 2    | Other liabilities (describe )   |       |           |
| 3    | Total liabilities(add lines 17 through 22)  |       | 0         |
|      | Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.  |       |           |
| ŀ    | Unrestricted  |       |           |
| 5    | Temporarily restricted  |       | $\neg$    |
| 5    | Permanently restricted  |       |           |
|      | Foundations that do not follow SFAS 117, check here ▶ ✓ and complete lines 27 through 31.   |       |           |
| ,    | Capital stock, trust principal, or current funds  |       | 0         |
| 3    | Paid-in or capital surplus, or land, bldg , and equipment fund 0  |       | 0         |
| •    | Retained earnings, accumulated income, endowment, or other funds 809,191  | 824,3 | 88        |
| )    | Total net assets or fund balances (see instructions)  | 824,3 | 88        |
| L    | Total liabilities and net assets/fund balances (see instructions) . 809,191   | 824,3 | :88       |
| Ш    | Analysis of Changes in Net Assets or Fund Balances  |       |           |
|      | l net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endear figure reported on prior year's return) | 1     | 809,191   |
|      | r amount from Part I, line 27a  | 2     | 15,197    |
| Othe | r increases not included in line 2 (itemize) ▶  | 3     | 0         |

808,280

822,457

1,070,038

824,388

824,388 Form **990-PF** (2016)

0

5

6

|   |  |  | T                                       | T   |   |
|---|--|--|---|---|---|
|   | <b>(a)</b><br>the kınd(s) of property sold (e g , re<br>ehouse, or common stock, 200 shs                           | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr )       | (d) Date sold (mo , day, yr )             |   |
| <b>1 a</b> 244 344 SHARES OF CHU  | IRR  |  | P                                       |   |   |
| b CAPITAL GAINS DIVIDEN   |  |  | р '<br>Р                                |   |   |
| C C   |  |  | '                                       |   |   |
|   |  |  |   |   |   |
|   |  |  |   |   |   |
| e   |  |  | ( )                                     | ,   |   |
| (e)<br>Gross sales price  | (f) Depreciation allowed (or allowable)  | Cost or                                | (g)<br>other basıs<br>ense of sale      | Gain d                                    | <b>h)</b><br>or (loss)<br>o) minus (g)  |
| <b>a</b> 3  | 1,704  |  | 13,414                                  |   | 18,290                                  |
| b   | 5,520  |  |   |   | 5,520                                   |
| С   |  |  |   |   | _                                       |
| d   |  |  |   |   |   |
| e   |  |  |   |   |   |
|   | showing gain in column (b) and ou  | anad by the foundation                 | on 12/21/60                             |   |   |
| Complete only for assets  | showing gain in column (h) and ow  | <u> </u>                               |   |   | ( <b>I)</b><br>h) gain minus            |
| (i)<br>F M V as of 12/31/69   | (j) Adjusted basis as of 12/31/69  | Excess                                 | ( <b>k)</b><br>of col(ı)<br>(յ), ıf any | col (k), but not                          | less than -0-) <b>or</b><br>om col (h)) |
| a   |  |  |   |   | 18,290                                  |
| b   |  |  |   |   | 5,520                                   |
| С   |  |  |   |   |   |
| d   |  |  |   |   | _                                       |
| e   |  |  |   |   |   |
| <ul> <li>Capital gain net income</li> <li>Net short-term capital g         If gain, also enter in Pain Part I, line 8     </li> </ul> | 2  | 23,810                                 |   |   |   |
| iii raic i, iiie o  |  |  | 1                                       |   | _                                       |
| Part V Qualification U  | Jnder Section 4940(e) for Re   | educed Tax on Net                      | Investment In                           | come                                      |   |
| (For optional use by domestic p   | rivate foundations subject to the sec  | ction 4940(a) tax on ne                | et investment incom                     | ne )                                      | _                                       |
| If section 4940(d)(2) applies, le   | -  | ,                                      |   | ,   |   |
|   | e section 4942 tax on the distributant qualify under section 4940(e) Do  | , ,                                    |   | ,   | es 🔽 No                                 |
| · · · · · · · · · · · · · · · · · · ·   | nount in each column for each year,  |  |   | <u> </u>                                  |   |
| (a)   |  |  | - making any chine                      | (d)                                       |   |
| Base period years Calendar<br>year (or tax year beginning in)   | (b) Adjusted qualifying distributions  | (c)<br>Net value of noncharitab        |   | Distribution rat<br>(col (b) divided by o | col (c))                                |
| 2015  | 0  |  | 995,644                                 |   | 0 000000                                |
| 2014  | 51,506   |  | 970,533                                 |   | 0 053070                                |
| 2013  | 49,525   |  | 951,732                                 |   | 0 052037                                |
| 2012  | 37,101   |  | 696,702                                 |   | 0 053252                                |
| 2011  | 37,956   |  | 679,440                                 |   | 0 055864                                |
| 2 Total of line 1, column (d  | d)   |  | 2                                       |   | 0 214223                                |
| number of years the four  | for the 5-year base period—divide<br>idation has been in existence if less<br>ncharitable-use assets for 2016 fron | than 5 years                           | , or by the                             |   | 0 042845<br>1,028,630                   |
|   |  | •                                      | 5                                       | 1   |   |
|   |  |  |   |   | 44,072                                  |
|   | ent income (1% of Part I, line 27b)  |  | 6                                       | -   | 480                                     |
|   |  |  |   |   | 44,552                                  |
|   | ons from Part XII, line 4 ,  |  |   |   | 32,800                                  |
| If line 8 is equal to or gre<br>instructions  | eater than line 7, check the box in Pa   | art VI, line 1b, and com               | plete that part usir                    | ng a 1% tax rate Se                       | e the Part VI                           |

| Form 990-PF (2016)  |  | Page <b>7</b>             |
|---|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)          | Foundation Managers, Highly Pa         | aid Employees,            |
| 3 Five highest-paid independent contractors for professional service                            | ces (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                        |  | • 0                       |
| Part IX-A Summary of Direct Charitable Activities   |  | _                         |
| List the foundation's four largest direct charitable activities during the tax year Include rel |  | r of Expenses             |
| organizations and other beneficiaries served, conferences convened, research papers produ       | uced, etc                              |                           |
| 1   |  |                           |
|   |  | <del> </del>              |
| 2   |  | <del> </del>              |
| 2   |  | <del> </del>              |
|   |  |                           |
| 2   |  |                           |
| 3   |  | <del> </del>              |
|   |  | <del> </del>              |
| 4   |  |                           |
| 4   |  |                           |
|   |  |                           |
|   |  |                           |
| Part IX-B Summary of Program-Related Investments (see   | <u> </u>                               |                           |
| Describe the two largest program-related investments made by the foundation during t            | the tax year on lines 1 and 2          | Amount                    |
| 1   |  |                           |
|   |  |                           |
| 2   |  | +                         |
| 2   |  |                           |
|   |  |                           |
| All other program-related investments. See instructions   |  |                           |
| all other program-related investments. See instructions   |  |                           |
| <u> </u>  |  |                           |
|   |  |                           |
| Total. Add lines 1 through 3  |  | <b>▶</b> 0                |
|   |  | Form <b>990-PF</b> (2016) |

1a

1b

2

3a 3b

4

5

32,800

32.800

32.800

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1

2

3

4

5

Page 9

50.472

1.651

48,821

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| rt ) | KIII | Uı |
|------|------|----|
|      |      |    |

**b** Total for prior years

XII, line 4 ▶ \$

indicated below:

From 2011. . . . . **b** From 2012. . . . . c From 2013. . . **d** From 2014. . . . . e From 2015. . . . .

a Enter amount for 2015 only. . . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . 4 Qualifying distributions for 2016 from Part

a Applied to 2015, 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). . . . . . . . . .

**5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . 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 . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

6 Enter the net total of each column as

be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

| FOITH 990-PF (2 | 010) |
|-----------------|------|
| Part XIII       | Un   |
|                 |      |

| Form 990-PF (20 | Form 990-PF (2016)                   |     |  |  |  |  |  |  |
|-----------------|--------------------------------------|-----|--|--|--|--|--|--|
| Part XIII       | Undistributed Income (see instructio | ns) |  |  |  |  |  |  |
|                 |                                      |     |  |  |  |  |  |  |

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

Corpus

(a)

0

Years prior to 2015

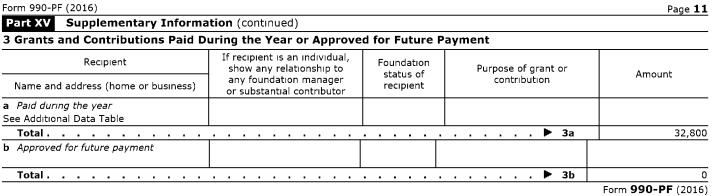
(b)

(c)

2015

31,149

31,149



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|--|---------------------------|----------------------|-----------------------|--------------------------|--|
| Part XVI-A Analysis of Income-Producing  | Activities                |                      |                       |                          |  |
| Enter gross amounts unless otherwise indicated   | Unrelated business income |                      | Excluded by section   | (e)<br>Related or exempt |  |
| 1 Program service revenue  | (a)<br>Business code      | <b>(b)</b><br>Amount | (c)<br>Exclusion code | ( <b>d)</b><br>Amount    | function income<br>(See instructions ) |
| a  |                           |                      |                       |                          |  |
| b<br>c   | -                         |                      |                       |                          |  |
| d  | <u> </u>                  |                      |                       |                          |  |
| e  |                           |                      |                       |                          |  |
| f  |                           |                      |                       |                          |  |
| g Fees and contracts from government agencies  2 Membership dues and assessments                                       |                           |                      |                       |                          |  |
| 3 Interest on savings and temporary cash investments   |                           |                      |                       |                          |  |
| 4 Dividends and interest from securities   |                           |                      | 14                    | 27,367                   |  |
| 5 Net rental income or (loss) from real estate   | -                         |                      |                       |                          |  |
| <ul><li>a Debt-financed property.</li><li>b Not debt-financed property.</li></ul>                                      |                           |                      |                       |                          |  |
| <b>6</b> Net rental income or (loss) from personal property  |                           |                      |                       |                          |  |
| 7 Other investment income 8 Gain or (loss) from sales of assets other than   |                           |                      |                       |                          |  |
| inventory  |                           |                      | 14                    | 23,810                   |  |
| <ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul> |                           |                      |                       |                          |  |
| 11 Other revenue a   |                           |                      |                       |                          |  |
| b  |                           |                      |                       |                          |  |
| c  |                           |                      |                       |                          |  |
| d  | -                         |                      |                       |                          |  |
| e  12 Subtotal Add columns (b), (d), and (e)   |                           | 0                    | 1                     | 51,177                   | 0                                      |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e)  |                           |                      |                       | 3                        | 51,177                                 |
| (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the              |                           |                      |                       |                          |  |
| Explain below how each activity for which the accomplishment of the foundation's exinstructions )                      |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
|  |                           |                      |                       |                          |  |
| I  |                           |                      |                       |                          |  |

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

| Part XVII                             | Exempt Organiz   | ations                             |                                |  |                    | •  |                             |            |         |
|---------------------------------------|--|------------------------------------|--------------------------------|--|--------------------|--|-----------------------------|------------|---------|
| 1 Did the org                         | ganization directly or inc<br>Code (other than section                             | directly engage<br>n 501(c)(3) org | in any of the<br>anizations) o | following with any<br>r in section 527, re | other organizati   | on described in section 5<br>organizations?          | 01                          | Yes        | No      |
|                                       | rom the reporting found  |                                    |                                |  |                    | -  |                             |            |         |
| (1) Cash.                             |  |                                    |                                |  |                    |  | 1a(1)                       | ,          | No      |
| (2) Other                             | assets   |                                    |                                |  |                    |  | 1a(2)                       |            | No      |
| <b>b</b> Other trans                  | sactions   |                                    |                                |  |                    |  |                             |            |         |
|                                       | of assets to a noncharit   | •                                  | -                              |  |                    |  | 1b(1)                       | )          | No      |
| (2) Purch                             | ases of assets from a no   | oncharitable ex                    | empt organiz                   | ation                                      |                    |  | . 1b(2)                     | )          | No      |
|                                       | l of facilities, equipment   | -                                  |                                |  |                    |  | . 1b(3)                     | _          | No      |
|                                       | oursement arrangement  |                                    |                                |  |                    |  | 1b(4)                       | -          | No      |
|                                       | or loan guarantees   |                                    |                                |  |                    |  | 1b(5)                       |            | No      |
| ` '                                   | mance of services or me  |                                    | -                              |  |                    |  | 1b(6)                       | 4          | No      |
| _                                     | c Sharing of facilities, equipment, mailing lists, other assets, or paid employees |                                    |                                |  |                    |  |                             |            | No      |
|                                       |  |                                    |                                |  |                    | lways snow the fair mari<br>ed less than fair market |                             |            |         |
|                                       |  |                                    |                                |  |                    | ets, or services received                            |                             |            |         |
|                                       |  |                                    | 1 11                           |  | (1) 5              |  |                             |            |         |
| (a) Line No                           | (b) Amount involved  | (c) Name of nor                    | ncharitable exel               | mpt organization                           | (a) Description of | f transfers, transactions, and                       | snaring arra                | ingemen    | ts      |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
| 2a Is the foun                        | dation directly or indire  | ctly affiliated w                  | ith, or relate                 | d to, one or more t                        | tax-exempt organ   | iizations  |                             |            |         |
| described i                           | n section 501(c) of the  | Code (other tha                    | an section 50                  | 1(c)(3)) or in sect                        | ion 527?           |  | $\square$ Yes               | <b>✓</b> N | io      |
| <b>b</b> If "Yes," co                 | mplete the following sc  | hedule                             |                                |  |                    |  |                             |            |         |
|                                       | (a) Name of organization   | n                                  | (1                             | ) Type of organizatio                      | n                  | (c) Description of r                                 | elationship                 |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
|                                       |  |                                    |                                |  |                    |  |                             |            |         |
| Unde                                  | er nenalties of nemury. T  | declare that I                     | have evamin                    | ed this return uncl                        | uding accompany    | ing schedules and state                              | nents and                   | to the     | hest    |
|                                       |  |                                    |                                |  |                    | than taxpayer) is based                              |                             |            |         |
| Sign   which                          | h preparer has any knov  | wledge                             | ı                              |  |                    |  |                             |            |         |
|                                       | ****   |                                    |                                | 2017-05-10                                 | *****              |  | he IRS discu<br>he preparer |            |         |
|                                       | Signature of officer or tr   | ustee                              |                                | Date                                       | — ₹ Title          |  | instr )? 🗹                  |            |         |
|                                       | 1  |                                    |                                |  | 1                  | (see   | iisti )* 🖭                  | res — N    |         |
|                                       | Print/Type preparer's  | name Pr                            | eparer's Sigr                  | nature                                     | Date               | PTIN   | ı                           |            |         |
|                                       |  |                                    |                                |  |                    | Check if self-                                       | P0063                       | 2361       |         |
|                                       | BRIAN MOSS CPA   |                                    |                                |  |                    | employed ▶ 🔲   |                             |            |         |
| Paid                                  |  | [                                  |                                |  |                    |  |                             |            |         |
| Preparer                              | Firm's name ► BOWI   | DEN & WOOD P                       | PLLC                           |  | •                  | Fire   | ı's EIN ▶61                 | -0713/     | <br>137 |
| Use Only                              |  |                                    |                                | _  |                    | 1:1111   |                             |            |         |
|                                       | Firm's address ► 304   | 4 MIDDLETOWN                       | N PARK PLACE                   |  |                    |  |                             |            |         |
|                                       | LO   | UISVILLE, KY 4                     | 402432555                      |  |                    | Pho  | ne no (502                  | 2) 583-0   | ე262    |
| · · · · · · · · · · · · · · · · · · · |  |                                    |                                |  |                    |  |                             |            |         |

| Form 990PF Part XV Line 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,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount |  |  |
|  | or substantial contributor   | <u> </u>                             | +                                | ·      |  |  |
| a Paid during the year   | <del>                                     </del>                                     | <del> </del>                         |                                  |        |  |  |
| NORTHWEST ANNUAL FUND<br>2020 RIDGE AVENUE 4TH FLOOR<br>EVANSTON, IL 60208                               | NONE   | POF                                  | SUPPORT                          | 1,000  |  |  |
| THE TEMPLE 5101 US HIGHWAY 42<br>LOUISVILLE, KY 40241  | NONE   | PC                                   | SUPPORT                          | 3,000  |  |  |
| JEWISH FAMILY COUNSELING SERVICES<br>2821 KLEMPNER WAY<br>LOUISVILLE, KY 40205                           | NONE   | PC                                   | SUPPORT                          | 8,000  |  |  |
| THE MICHAEL J FOX FOUNDATION FOR<br>PARKINSON'S RESEARCH<br>PO BOX 4777<br>NEW YORK, NY 10163            | NONE   | POF                                  | SUPPORT                          | 1,000  |  |  |
| HOME OF THE INNOCENTS<br>1100 EAST MARKET STREET<br>LOUISVILLE, KY 40206                                 | NONE   | PC                                   | SUPPORT                          | 3,000  |  |  |
| KENESETH ISRAEL CONGREGATION<br>2531 TAYLORSVILLE ROAD<br>LOUISVILLE, KY 40205                           | NONE   | PC                                   | SUPPORT                          | 12,500 |  |  |
| LOUISVILLE OLMSTEAD PARKS<br>CONSERVANCY<br>1299 TREVILIAN WAY<br>LOUISVILLE, KY 40213                   | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
| KIDS CENTER OF PEDIATRIC THERAPIES<br>982 EASTERN PARKWAY<br>LOUISVILLE, KY 40217                        | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
| KENTUCKY HUMANE SOCIETY<br>1000 LYNDON LANE SUITE B<br>LOUISVILLE, KY 40222                              | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
| HOSPARUS<br>3532 EPHRAIM MCDOWELL DRIVE<br>LOUISVILLE, KY 40205  | NONE   | PC                                   | SUPPORT                          | 300    |  |  |
| HADASSAH 40 WALL STREET<br>NEW YORK, NY 10005  | NONE   | PC                                   | SUPPORT                          | 300    |  |  |
| AMERICAN HEART ASSOCIATION<br>240 WHITTINGTON PARKWAY<br>LOUISVILLE, KY 40222                            | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
| AMERICAN CANCER SOCIETY<br>1640 LYNDON FARM COURT 104<br>LOUISVILLE, KY 40223                            | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
| LOUISVILLE FREE PUBLIC LIBRARY<br>FOUNDATION<br>301 YORK STREET<br>LOUISVILLE, KY 40203                  | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
| WHAS CRUSADE FOR CHILDREN<br>520 W CHESTNUT STREET<br>LOUISVILLE, KY 40202                               | NONE   | PC                                   | SUPPORT                          | 500    |  |  |
|  |  |                                      |                                  |        |  |  |

Total . 3a 32,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

Total .

3а

| a Paid during the year  |      |     |         |  |
|---|------|-----|---------|--|
| BAPTIST HEALTH FOUNDATION<br>4007 KRESEGE WAY<br>LOUISVILLE, KY 40207 | NONE | POF | SUPPORT |  |

200

32,800

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491132013757 TY 2016 Cash Deemed Charitable Explanation Statement Name: THE SAMUEL LYON CHARITABLE FOUNDATION INC **EIN:** 31-6651291 **Explanation:** TAXPAYER HAS SHOWN THE AVERAGE CASH BALANCE AS A REDUCTION IN THE NET VALUE OF NONCHARITABLE-USE ASSETS. AS A SMALL FOUNDATION, THE TAXPAYER WOULD BE AT A GREAT FINANCIAL DISADVANTAGE TO SELL ONE OF THE INVESTMENTS TO PAY A DISBURSEMENT OUICKLY.

| TY 2016 Investments - Other Schedule |                            |  |  |  |
|--------------------------------------|----------------------------|--|--|--|
| Name:                                | THE SAMUEL LYON CHARITABLE |  |  |  |

DLN: 93491132013757

|      | FOUNDATION INC |
|------|----------------|
| EIN: | 31-6651291     |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

AND MONEY MARKET FUNDS

|  | Category/ Item                              | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
|--|---|-----------------------|------------|----------------------------------|
|  | PNC ADVISORS PORTFOLIO OF SECURITIES, BONDS | AT COST               | 822,457    | 1,070,038                        |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN                    | : 93491132013757                            |  |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2016 Other Expenses Schedule      |                                      |                          |                        |   |  |  |  |
|                                      |                                      |                          |                        |   |  |  |  |
| Name: THE SAMUEL LYON CHARITABLE     |                                      |                          |                        |   |  |  |  |
|                                      | FOUNDATION INC                       |                          |                        |   |  |  |  |
| EIN:                                 | <b>EIN:</b> 31-6651291               |                          |                        |   |  |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |  |
| BANK FEES                            | 60                                   | 60                       |                        | 0   |  |  |  |
| PROFESSIONAL FEES                    | 1,850                                | 1,850                    |                        | 0   |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data  | -                        | DL                     | N: 93491132013757                           |  |  |  |
|--------------------------------------|----------------|--------------------------|------------------------|---|--|--|--|
| TY 2016 Taxes Schedule               |                |                          |                        |   |  |  |  |
|                                      |                |                          |                        |   |  |  |  |
| Name: THE SAMUEL LYON CHARITABLE     |                |                          |                        |   |  |  |  |
|                                      | FOUNDATION INC |                          |                        |   |  |  |  |
| EIN:                                 | 31-6651291     |                          |                        |   |  |  |  |
| Category                             | Amount         | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| FEDERAL EXCISE TAX                   | 1,270          | 1,270                    |                        | 0   |  |  |  |