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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)
Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 at the pend of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

		The organization may have to use a copy of this retain to satisfy state reporting red	Unenne	1113	L
		e 2010 calendar year, or tax year beginning and ending			
ے م	Check if		D Emp	Employer identification number	
┕	Aaar	ess change TRUST U/W EMMA BUCKLEY			
	Nam	FBO FIRST CHURCH OF CHRIST SCIENTIST			173933
	Initia	·	phone	number	
	_ Term	inated 218 WEST MAIN STREET	<u> 59</u> –	239-9000	
		nded return City or town, state or country, and ZIP + 4	F Grou	эр Ехе	mption
<u>L</u>	Applic	abon pending DANVILLE, KY 40422	Num	nber 🕨	>
		oting Method X Cash Accrual Other (specify) ▶	H Che	ck 🕨	X if the organization is not
1 1	Websi	e: ► N/A	requ	ired to	attach Schedule B
<u>J</u>	Tax-ex	empt status (check only one) — 501(c)(3) 501(c) () ◀(insert no) X 4947(a)(1) or 527	(For	m 990	, 990-EZ, or 990-PF)
К (Check	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not	more t	han \$5	50,000 A Form 990-EZ or
i	Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization of	chooses	to file	a return, be sure to file a
		ete return			
L /	Add tın	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,		
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	24,440.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions 1	for Pai	
		Check if the organization used Schedule O to respond to any question in this Part I			X
	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income SEE SCHEDULE Q		4	4,572.
	5a	Gross amount from sale of assets other than inventory 5a 19,8			
	b	Less cost or other basis and sales expenses 5b 18,4			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,375.	
	6	Gaming and fundraising events			
e	a	Gross income from gaming (attach Schedule G if greater than			
Revenue		\$15,000) 6a			
ě	b	Gross income from fundraising events (not including \$ of contributions			
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000) 6b			
	C	Less direct expenses from gaming and fundraising events 6c			
	đ	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances 7a			
	b	Less cost of goods sold			
==	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. [7c	
	8	Other revenue (describe in Schedule O)	ļ	8	
~ —	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	5,947.
6 3	10	Grants and similar amounts paid (list in Schedule O) Renefits paid to or for members	[10	3,413.
9	11	Deficition paid to or for intermets		11	
JUN	12	Salaries, other compensation, and employee benefits	[12	700.
E sue	13	Professional fees and other payments to independent contractors 1 3 2011		13	240.
Q Ř	14	Occupancy, rent, utilities, and maintenance		14	
"	15	Printing publications postage and shipping		15	
氢	16	Other expenses (describe in Schedule O) OGDEN, UT	. [16	
SCANNED EXP	17	Total expenses. Add lines 10 through 16	<u> </u>	17	4,353.
Š s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,594.
S Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
As		(must agree with end-of-year figure reported on prior year's return)	[19	92,184.
Š	20	Other changes in net assets or fund balances (explain in Schedule O)	[20	<u> </u>
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ [21	93,778.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

TRUST U/W EMMA BUCKLEY

FBO FIRST CHURCH OF CHRIST SCIENTIST Form 990-EZ (2010)

61-6173933

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Form **990-EZ** (2010)

LR.	art II Balance Sheets. (see the instructions for Part II.)			<u> </u>		
-	Check if the organization used Schedule O to respond to any question	in thic Part II				
	Oncon it the organization ased schedule of to respond to any question		A) Beginning of year	Γ	(B) F	nd of year
22	Cash, savings, and investments	<u>'</u>	92,184.	22	\(\begin{array}{c} \(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	93,778.
23	•		32,7101.	23	-	33,1101
24				24		
25	,		92,184.	25		93,778.
26			0.	26		0.
27			92,184.			93,778.
	art III Statement of Program Service Accomplishmen	nts (see the instructions for			Fy	penses
	Check if the organization used Schedule O to respond to any question	•	•	X	(Required	for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE C					and 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt pur		cise manner, describ			ons and section) trusts, optional
the	services provided, the number of persons benefited, and other relevant	it information for each pro	gram title.	•	for others	
	SUPPORT OF FIRST CHURCH OF CHRIST S					
	KY		· · · · · · · · · · · · · · · · · · ·	_		
				_		
	(Grants \$ 3,413.) If this amount includes foreign (arants, check here	▶ [28a	940.
29			_			
				_		
				_		
	(Grants \$) If this amount includes foreign (grants, check here	▶ [_	29a	
30						
		-		_		
	(Grants \$) If this amount includes foreign (grants, check here	▶ [30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign of	arants, check here	▶ [31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	940.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one of	even if not compensated (se	e the	instructions f	or Part IV)
	Check if the organization used Schedule O to respond to any question					· —
	Oneck if the organization used Schedule O to respond to any question	1 IN this Part IV				
	oneck in the organization used Schedule of to respond to any question	(b) Title and average hours	(c) Compensation	(d) c	ontributions	(e) Expense
	(a) Name and address		(c) Compensation (If not paid, enter	to e	employee	account and
		(b) Title and average hours		to e bene d	employee efit plans & leferred	1 '''
KE		(b) Title and average hours per week devoted to	(If not paid, enter	to e bene d	employee efit plans &	account and
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter	to e bene d	employee efit plans & leferred	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
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	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
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	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
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	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee efit plans & leferred noensation	account and other allowances
MA	(a) Name and address ENTUCKY TRUST COMPANY, 218 WEST AIN STREET, DANVILLE, KY 40422	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	to e bene d	employee effit plans & leferred logensation O •	account and other allowances

FBO FIRST CHURCH OF CHRIST SCIENTIST

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1 —	6	1	7	- 2	u	- 3	-1

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Part V Other Information (Note the statement requirements in the instructions for Part V.) X Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in X 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 section 4911 ► N/A N/A , section 4955 🕨 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? N/A If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers N/A or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the N/A organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed ▶ NONE Telephone no ► 859-239-9000 42a The organization's books are in care of ► THE ORGANIZATION ZIP + 4 > 40422Located at ▶ 218 WEST MAIN STREET, DANVILLE, KY b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No 42b account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country X Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O Form 990-EZ (2010)

d	Total number of other independent contractors each rec	erving over \$100,000		>	(
52	Did the organization complete Schedule A? Note: All sec	ction 501(c)(3) organizations	and 4947(a)(1) nonexempt		
	charitable trusts must attach a completed Echedule A				► X Yes No
	Under penalties of perjury, I declare that Mave examined correct and complete Declaration of penalter (other than	this return, including accompanying officer) is based on all information	ng schedules and statements, a n of which preparer has any knov	nd to the best of my knowled viedge	ge and belief, it is true,
o:	mulle Ding	4	· · · · ·	177	5 9 11
Sig He		NT, SUP	OF KY TK	2ust Co	
	Type or print name and title	•	*****		
	Print/Type preparer's name	Preparer's signature	Date	, Check ff	PTIN
Pai Pre	id eparer LARRY T. CLARK, CPA	Van D. De	- COD = 5/11	self- employed	P00126982

Firm's name ▶ ROBINSON, HUGHES & CHRISTOPHER, P.S.C.

DANVILLE, KY 40423-0880

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 459 WEST M.L. KING BLVD.

Use Only

► X Yes

Form 990-EZ (2010)

(859)236-6628

Firm's EIN ► 61-1098477

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

TRUST U/W EMMA BUCKLEY

OMB No 1545-0047

2010

Open to Public

Employer identification number

61-6173933 FBO FIRST CHURCH OF CHRIST SCIENTIST Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Νo A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, X 11g(i) the governing body of the supported organization? X 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. n col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section No (see instructions)) Yes Yes No Yes No FIRST CHURCH 3,413. OF CHRIST S 61-06083891 X Х X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.



Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

A	Se	ction A. Public Support	Story produce Corn	piete r art my				
Girds receipt from admissions and manufacture of the services	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
include any *unusual grants.*) 2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travewering humans are not an unrelated trade or business under section 513 4. Tax revenues leveral for the organization's travewering leveral for the organization to the organization of the organizat	1	Gifts, grants, contributions, and						
2. Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf is for expended on its form decapitating depresons. 3. Accounts included on lines 1, 2, and 3 received from decapitating depresons. 3. Accounts included on lines 1, 2, and 3 received from decapitating depresons. 3. Accounts from decapitating depresons. 4. Add lines 7a and 7b is one year characteristic for the expended is in the form of the form acquilled genome in the second is in the form year. 5. Section B. Total Support. 6. Add lines 7a and 7b is decapitation of the form of the form in the 5 is decapitation of the form in the 5 is one form in the 5 is one form in the 5 is received on in the form of the 5 is received on securities loans, rents, royalties and income from similar sources is an income from similar sources in the form of the business is regularly carried or the business is regularl		membership fees received. (Do not	1					
merchandise sold of services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or buy inness under section 513. 1. Tax revenues level for the organization's benefit and either paid to or expended on its behalf or expended on this behalf or expended on this behalf or expended on the behalf or expended on the behalf or expended on the behalf of the organization without change 6. Totals. Act lines 1 through 5. 5. The value of services or facilities furnished by a governmental unit to furnished by a governmental u		include any "unusual grants.")						
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

TRUST U/W EMMA BUCKLEY

Employer identification number 61-6173933

FBO FIRST CHURCH OF CHRIST SCIENTIST	_61-6173933
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS - VARIOUS INVESTMENTS	4,572.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: RELIGIOUS	
GRANTEE NAME: FIRST CHURCH OF CHRIST SCIENTIST	
GRANTEE ADDRESS: EAST MAIN STREET LEXINGTON, KY 40507	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 99/99/99	
AMOUNT GIVEN:	3,413.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT O	F FIRST CHURCH OF
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	