

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**Pepartment of the Treasury
Internal Revenue Service

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

Treated as a Private Foundation

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

OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number ORPHAN SOCIETY OF LEXINGTON R74181000 61-0449629 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O JPMORGAN CHASE BANK: PO BOX 3038 414-977-1210 City or town, state, and ZIP code C If exemption application is pending, check here 53201 MILWAUKEE, WI G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 2,499,412. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 20,347 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 319 319 STATEMENT 60,218. 60,218. Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 131,445 6a Net gain or (loss) from sale of assets not on line 10 RECEIVED b Gross sales price for all assets on line 6a 1,508,383. 131,445 7 Capital gain net income (from Part IV, line 2) APR 16 8 Net short-term capital gain 2012 Income modifications 10a Gross sales less returns and allowances OGDFN b Less Cost of goods sold c Gross profit or (loss) 7,529 11 Other income STATEMENT 6 12 Total Add lines 1 through 11 219,858 191,982 12,102 9,076. 3,026. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 905. 452. 453. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 4 3.419 19. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 252 Operating 23 Other expenses 120. 132. 24 Total operating and administrative expenses Add lines 13 through 23 16,678 9,667 3,611. 161,145 25 Contributions, gifts, grants paid 161,145. 26 Total expenses and disbursements Add lines 24 and 25 177,823 9,667 164,756. 27 Subtract line 26 from line 12: 42,035 a Excess of revenue over expenses and disbursements 182,315 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A

ORPHAN SOCIETY OF LEXINGTON

R74181000 61-0449629 Form 990-PF (2011) Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (c) Fair Market Value (a) Book Value (b) Book Value 3,649. 2,753. 2,753. 1 Cash - non-interest-bearing 138,792. 2 Savings and temporary cash investments 76,500. 138,792. 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 1,529,448. 1,856,884. b Investments - corporate stock STMT 7 1,924,281. 770,943. 420,993. c Investments - corporate bonds STMT 8 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 2,419,422. 2,380,540. 2,499,412. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 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 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31 2,380,540. 2,419,422 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0. 29 Retained earnings, accumulated income, endowment, or other funds 0. 2,380,540. 2,419,422. 30 Total net assets or fund balances 2,380,540. 2,419,422 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 2,380,540. (must agree with end-of-year figure reported on prior year's return) 2 42,035. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 2,422,575. 4 Add lines 1, 2, and 3

123511 12-02-11

Form **990-PF** (2011)

5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Га	Capital Gains	and Losses for Tax on i	nvestmen	Lincome					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)				(b) How P - Pu D - Do	acquired rchase nation	(c) Date a (mo , da		(d) Date sold (mo., day, yr.)	
1a u	JP MORGAN CHAS	E - SEE ATTACHEI)			P	VARIO	DUS	12/31/11
bı	JP MORGAN CHAS	E - SEE ATTACHEI)			P	VARIO	ous	12/31/11
c (CAPITAL GAINS	DIVIDENDS							
d									
e									1.7
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				in or (loss (f) minus	
a	664,735.			657,44	3.	,			7,292.
b	813,970.			719,49	5.				94,475.
С	29,678.								29,678.
đ									
e									
	Complete only for assets showing	ig gain in column (h) and owned by	the foundation	on 12/31/69		(1)	Gains (Co	l (h) nain	minus
	(1) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I) col (J), If any			(k), but no		n -0-) or
a			 						7,292.
<u> </u>			 						94,475.
C			1						29,678.
d		······································						· -···	25,070.
e									
				-	_	Т			
9 C	apital gain net income or (net ca	If gain, also ente	er in Part I, line	7					131,445.
	,	. , ((1	1 2				131,445.
	et short-term capital gain or (los gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) a column (c)	nd (6).		٦	-			
	(loss), enter -0- in Part I, line 8	column (c).) 3			N/A	
	rt V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Invest	ment Inc	ome		· · · · · · · · · · · · · · · · · · ·
Was t	s," the foundation does not qual	tion 4942 tax on the distributable an	omplete this pa	rt.					Yes X No
1 E		each column for each year; see instr	ructions before	making any entrie	S.				
Ca	(a) Base period years lendar year (or tax year beginnii	(b) ng in) Adjusted qualifying dis	stributions	Net value of nor	(c) ncharitable	e-use assets	(0	Distrit	(d) oution ratio yided by col. (c))
	2010	12	27,201.		2,5	57,229	•		.049742
	2009	16	7,902.			92,547			.070177
	2008	20	1,824.		3,50	08,452			.057525
	2007		9,106.		3,58	36,153			.044367
	2006		0,000.			31,053		••••	.044064
									<u> </u>
2 Ta	otal of line 1, column (d)						2		.265875
		5-year base period - divide the total	on line 2 by 5	or by the number of	of vears		- -		.203013
	e foundation has been in exister		on line 2 by 5,	or by the number t	UI years				052175
UI	e loundation has been in exister	ice ir less than 5 years					3		.053175
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4		2,695,569.				
5 M	5 Multiply line 4 by line 3			5		143,337.			
6 Er	nter 1% of net investment incom	ne (1% of Part I, line 27b)					6	· · · · · · · · · · · · · · · · · · ·	1,823.
7 A	dd lines 5 and 6						7		145,160.
	nter qualifying distributions from	•					8		164,756.
If Se	line 8 is equal to or greater than see the Part VI instructions	line 7, check the box in Part VI, line	e 1b, and comp	lete that part using) a 1% tax	rate.			

ORPHAN SOCIETY OF LEXINGTON R74181000

Form 990-PF (2011) R74181000 Part VI Excise Tax Based on Investment Income (Se	61 - 044 ection 4940(a), 4940(b), 4940(e), or 4948 - see	9629	ıctio	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here			10110	113,
Date of ruling or determination letter:(attach copy				
b Domestic foundations that meet the section 4940(e) requirements in Part V, or			1.8	23.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organiza	ations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	· · · · · · · · · · · · · · · · · · ·			0.
3 Add lines 1 and 2	3		1.8	23.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found				0.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less,	· · · · · · · · · · · · · · · · · · ·		1.8	23.
6 Credits/Payments.				
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a 5,000.			
b Exempt foreign organizations - tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c			
d Backup withholding erroneously withheld	6d			
7 Total credits and payments Add lines 6a through 6d	7		5.0	00.
8 Enter any penalty for underpayment of estimated tax. Check here if For			<u> </u>	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amou	· 		3 1	77.
11 Enter the amount of line 10 to be. Credited to 2012 estimated tax	3,177. Refunded 11		<u> </u>	0.
Part VII-A Statements Regarding Activities	S/L//Vincianacap //		•	
1a During the tax year, did the foundation attempt to influence any national, state	e, or local legislation or did it participate or intervene in	Т	Yes	No
any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for p	political purposes (see instructions for definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the				
distributed by the foundation in connection with the activities	, , ,			
c Did the foundation file Form 1120-POL for this year?		1c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) impo	esed during the year:	1		
(1) On the foundation \blacktriangleright \$ 0 . (2) On founda				
e Enter the reimbursement (if any) paid by the foundation during the year for po				
managers. ► \$ 0.	·			
2 Has the foundation engaged in any activities that have not previously been rep	ported 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, or	!		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of	of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more	during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction du		5		X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 494	45) satisfied either			
 By language in the governing instrument, or 				
 By state legislation that effectively amends the governing instrument so that 	it no mandatory directions that conflict with the state law			
remain in the governing instrument?		6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?)	7	X	
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) >			1
KY				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explai	nation	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 calendar			
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV	/)? If "Yes," complete Part XIV	9		_X_
10 Did any persons become substantial contributors during the tax year? ""yes"	" attach a schedule listing their names and addresses	10		V V

ORPHAN SOCIETY OF LEXINGTON Form 990-PF (2011) R74181000 61-0449629 Page 5 Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes." attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes." attach statement (see instructions) 12 Х 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of > JPMORGAN CHASE BANK, NA Telephone no > 859-231-2872Located at ▶ 201 EAST MAIN STREET, FLOOR 02, LEXINGTON, ZIP+4 ▶40507 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, Yes No Х securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country > Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies, 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations Х section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? X 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

X

3b

4a

Form 4720, to determine if the foundation had excess business holdings in 2011)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

	ORPHAN SOCIETY OF LEXING	TON				
orm 990-PF (20	N11) R74181000 Statements Regarding Activities for Which I	Form 4700 May Pa	Boguired (<u>61-04496</u>	29	Page 6
-		Form 4720 May Be	Requirea (contin	ued)		
_	year did the foundation pay or incur any amount to		<u></u>			
• •	on propaganda, or otherwise attempt to influence legislation (section			s X No	İ	
, ,	ice the outcome of any specific public election (see section 4955), o	er to carry on, directly or indii				
-	ter registration drive?			es X No	İ	
` '	e a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
	e a grant to an organization other than a charitable, etc , organizatio	n described in section			ŀ	
	(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provid	e for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			1	
the pro	evention of cruelty to children or animals?		Ye	s X No	-	
b If any answ	rer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations			
section 53	4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A L	5b	
Organizatio	ns relying on a current notice regarding disaster assistance check h	ere			j	
c If the answ	er is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	nned		Ì	
expenditur	e responsibility for the grant?	ľ	√I/A	s D No		
If "Yes," a	ttach the statement required by Regulations section 53 4945	5-5(d)		-		
6a Did the fou	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal	benefit contract?		Y6	s X No		İ
b Did the fou	ndation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	6ь	X
If "Yes" to	6b, file Form 8870					
7a At any time	during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	s X No		
b If "Yes," did	the foundation receive any proceeds or have any net income attribu	stable to the transaction?		N/A	7b	
Part VIII	Information About Officers, Directors, Trusto		anagers, Highly			
rait viii	Paid Employees, and Contractors					
1 List all office	cers, directors, trustees, foundation managers and their	compensation.				
	A November of addition	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
	(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	allo	wances
SEE STA	rement 9		12,102.	0.		0.
2 Compensa	tion of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."			
4 3 No-		(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Nai	ne and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	allo	wances
No	ONE					
						
						
. <u></u>						
						
····						

Total number of other employees paid over \$50,000

ORPHAN SOCIETY OF LEXINGTON R74181000

Form 990-PF.(2011) R74181000		0449629 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	Jation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stal number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of N/A	in lines 1 and 2.	Amount
2		
All other program-related investments. See instructions 3		

Total. Add lines 1 through 3

=	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou		see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	I T	
а		1a	2,629,860
ь	Average of monthly cash balances	1b	106,758
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,736,618
е			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,736,618
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,049
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,695,569
6	Minimum investment return Enter 5% of line 5	6	134,778
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	134,778
2 a	Tax on investment income for 2011 from Part VI, line 5		131/1/0
ь	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,823
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	132,955
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	132,955
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	132,955
Р	art XII Qualifying Distributions (see instructions)	<u></u>	2027333
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	164,756
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	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	164,756
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	1,823.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	162,933
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

Form **990-PF** (2011)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, lea 7.				122 055
line 7				132,955.
2 Undistributed income, if any, as of the end of 2011			00 214	
a Enter amount for 2010 only b Total for prior years			82,314.	
b rotal for prior years		_		
3 Excess distributions carryover, if any, to 2011:		0.		
1				
a From 2006				
b From 2007 c From 2008				
· · · · · · · · · · · · · · · · · · ·			,	
d From 2009			ì	
e From 2010	0			
f Total of lines 3a through e	0.		···	
4 Qualifying distributions for 2011 from				
Part XII, line 4. ► \$ 164,756.			00 014	
a Applied to 2010, but not more than line 2a			82,314.	
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 2011 distributable amount				82,442.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2010. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2011 Subtract				<u> </u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				50,513.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2007				
b Excess from 2008	1			
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				
				Form 990-PF (2011)

ORPHAN SOCIETY OF LEXINGTON Form 990-PF (2011) R74181000 61-0449629 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2011 (b) 2010 (c) 2009 (d) 2008(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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 c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Lifthe foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed: SEE STATEMENT 10

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

c Any submission deadlines

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

Form 990-PF (2011) R74181000

Part XV Supplementary Information (continued)

61-0449629 Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
a Paid during the year				
ASHLAND MEMORIAL FOUNDATION	NONE	PUBLIC	SUBSIDY	
120 SYCAMORE RD				
LEXINGTON, KY 40502				2,000
BABY HEALTH SERVICE	NONE	PUBLIC	SUBSIDY	
1590 HARRODSBURG RD LEXINGTON, KY 40504				7,500
				<u>, , , , , , , , , , , , , , , , , , , </u>
BLACK CHURCH COALITION	NONE	PUBLIC	SUBSIDY	
961 ST MARTIN AVE		l obbie	JOBSID!	
LEXINGTON, KY 40511				15,000
CARNEGIE CENTER	NONE	PUBLIC	SUBSIDY	
251 WEST SECOND ST				
LEXINGTON KY 40507				5,000.
CENTER FOR WOMEN, CHILDREN & FAMILIES 530 NORTH LIMESTONE	NONE	PUBLIC	SUBSIDY	
LEXINGTON KY 40508				10,000.
	NTINUATION SHEE	ET(S)	▶ 3a	161 145
b Approved for future payment				
NONE				
Total	<u></u>	<u></u>	▶ 3b	
1 O(d)	·····			000 DE (0044)

Form 990-PF,(2011) R74181000

61-0449629 Page 12

Part XVI-A	Analysis of Income-Producing Activities
, r ait	Analysis of income-Froducing Activities

Enter gross amounts unless otherwise indicated	Unrelated	Unrelated business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
·	- Couc				
	-		- 	+	
· · · · · · · · · · · · · · · · · · ·					
	l l				
	1				
e	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	319.	
4 Dividends and interest from securities			14	319. 60,218.	
5 Net rental income or (loss) from real estate.			11		
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	131,445.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
1 Other revenue.					
a FEDERAL TAX REFUND			01	7,529.	
b					
¢	1 1				
d	1 1				
e					
2 Subtotal Add columns (b), (d), and (e)		0		199,511.	0
13 Total Add line 12, columns (b), (d), and (e)				13	199,511
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B	Relationship of Activities to	the Accomplishment of	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).

ORPHAN SOCIETY OF LEXINGTON 61-0449629 Page 13 Form 990-PF (2011) R74181000 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) X (1) Cash Х (2) Other assets 1a(2) **b** Other transactions. 1b(1) (1) Sales of assets to a noncharitable exempt organization Х (2) Purchases of assets from a noncharitable exempt organization 1b(2) X 1b(3) (3) Rental of facilities, equipment, or other assets X (4) Reimbursement arrangements 16(4) 1b(5) X (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations 1b(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/Aempanying schedules and statements, and to the best of my knowledge beyer) is beased or yall information of which preparer has any knowledge Including ac May the IRS discuss this return with the preparer Sign e instr)? Here X Yes TRUSTEE No Signature of efficer or trustee Title PTIN Print/Type preparer's name Preparer's signature Date Check self- employed

Form **990-PF** (2011)

P00161575

(859)255-2341

Firm's EIN \triangleright 27-3858252

Phone no

Paid

Preparer **Use Only** PAULA C. HANSON

Firm's name ▶ DEAN DORTON ALLEN FORD, PLLC

LEXINGTON, KY 40507

Firm's address ► 106 W. VINE STREET,

SUITE 600

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

ORPHAN SOCIETY OF LEXINGTON

OMB No 1545-0047

Employer identification number

2011

R74181000 61-0449629 Organization type (check 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 527 political organization Form 990 PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). 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 I, 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization ORPHAN SOCIETY OF LEXINGTON R74181000

Employer identification number

61-0449629

<u> </u>	1000		. 0447027
Part i	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNA LATHAM TRUST C/O JP MORGAN CHASE BANK, NA; PO BOX 3038 MILWAUKEE, WI 53201	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ETHEL O HILL T/U/W C/O JP MORGAN CHASE BANK, NA; PO BOX 3038 MILWAUKEE, WI 53201	\$\$, 5,656.	Person X Payroll
(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 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 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 Payroll Noncash (Complete Part II if there is a noncash contribution)

ORPHAN SOCIETY OF LEXINGTON

Employer identification number

R74181000

61-0449629

Part I (see instructions) S	Part II	Noncash Property (see instructions) Use duplicate copies of F	art II if additional space is needed	
(a) No. trom Part I (b) Cescription of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (e) (c) FMV (or estimate) (see instructions) (d) No. trom Description of noncash property given (e) FMV (or estimate) (see instructions) (from Description of noncash property given (g) FMV (or estimate) (see instructions) (h) Date received (g) FMV (or estimate) (see instructions) (h) Date received (g) FMV (or estimate) (see instructions) (h) Date received (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) Date received (g) FMV (or estimate) (see instructions) (g) Date received (g) FMV (or estimate) (see instructions) (g) Date received (g) FMV (or estimate) (see instructions) (g) Date received (g) FMV (or estimate) (see instructions) (g) Date received (g) FMV (or estimate) (see instructions) (g) Date received (g) Da	No. from		FMV (or estimate)	(d) Date received
(a) No. Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (a) No. Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (see instructions)			 	
(a) No. The part I	No. from		(c) FMV (or estimate)	(d) Date received
No. rom Description of noncash property given (a) No. (b) (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions)	_		\$	~~~
(a) No. Port I (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. Port I (b) FMV (or estimate) (see instructions) (d) Date received (a) PMV (or estimate) (see instructions) (b) Date received (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) Date received (f) Date received (g) Date r	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (d) Date received from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received from Description of noncash property given (d) Date received from Description of noncash property given (e) FMV (or estimate) (d) Date received from Description of noncash property given			\$	
(a) No. (b) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) FMV (or estimate) (c) FMV (or estimate) (d) FMV (or estimate) (d) Date received (d) Date received (example of the property given) (c) FMV (or estimate) (d) Date received (d) Date received (example of the property given) (example of the property given) (for extinate) Date received (example of the property given) (for extinate) Date received (for extinate) Date received (for extinate) Date received (for extinate) Date received (for extinate) Date received (for extinate) Date received (for extinate) Date received	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given \$			\$	
(a) No. (b) (c) FMV (or estimate) (from Description of noncash property given (see instructions) (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) (C) (d) FMV (or estimate) Description of noncash property given (see instructions) Date received.			\$	
	No. from		FMV (or estimate)	(d) Date received
\$				

ORPHAN	SOCIETY	OF	LEXINGTON

	ar Complete columns (a) through (e) and to total of exclusively religious, charitable, et e duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and the column and	al space is needed (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
rom		(e) Transfer of gift					
	Transferee's name, address, a						
	Transferee's name, address, a						
No.							
art 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				
No. om art 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				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	. (e) Transfer of gift						

Part XV Supplementary Information 3 · Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to status of recipient contribution Amount any foundation manager Name and address (home or business) or substantial contributor CENTRAL MUSIC ACADEMY NONE PUBLIC SUBSIDY 219 EAST SHORT ST 4.000. LEXINGTON KY 40507 CHILD DEVELOPMENT SERVICES NONE PUBLIC SUBSIDY 465 SPRINGHILL RD LEXINGTON KY 40503 5,800. CHILDREN'S ADVOCACY CENTER NONE PUBLIC SUBSIDY 183 WALTON AVE 2,000, LEXINGTON, KY 40508 CHRYSALIS HOUSE NONE PUBLIC SUBSIDY 1589 HILL RISE DR LEXINGTON, KY 40504 3,000, CROSS MINISTRIES NONE PUBLIC SUBSIDY 166 MARKET STREET LEXINGTON, KY 40507 7,000. FRIENDS OF THE ARBORETUM NONE PUBLIC SUBSIDY 500 ALUMNI DR LEXINGTON KY 40503 4,000, GOD'S PANTRY NONE PUBLIC SUBSIDY 1685 JAGGIE FOX WAY LEXINGTON, KY 40511 9,260, HARRISON SCHOOL NONE PUBLIC SUBSIDY 161 BRUCE ST LEXINGTON, KY 40507 7,935, HIGH STREET NEIGHBORHOOD ASSOCIATION NONE PUBLIC SUBSIDY 228 SOUTH LIMESTONE LEXINGTON, KY 40508 10,000, LEXINGTON HEARING AND SPEECH CENTER NONE PUBLIC SUBSIDY 350 HENRY CLAY AVE LEXINGTON, KY 40502 6,000. Total from continuation sheets 121 645.

Part XV Supplementary Information 3 ' Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient LEXINGTON LEADERSHIP/READ TO SUCCEED NONE PUBLIC SUBSIDY PO BOX 4654 LEXINGTON KY 40544 1,500, LEXINGTON PHILHARMONIC NONE PUBLIC SUBSIDY 161 NORTH MILL ST LEXINGTON KY 40507 3,250, LEXINGTON WOMENS CLUB NONE PUBLIC SUBSIDY 352 GREENBRIAR RD LEXINGTON, KY 40503 6,000. MCDOWELL-BRECKINRIDGE FOUNDATION NONE PUBLIC SUBSIDY 120 PRESTON AVE LEXINGTON, KY 40502 6,000. OPEN DOOR CHURCH NONE PUBLIC SUBSIDY 749 ADDISON AVE LEXINGTON KY 40504 6,900. READING CAMP/DIOCESE OF LEXINGTON NONE PUBLIC SUBSIDY PO BOX 610 LEXINGTON, KY 40588 6,000, RUBY BAILEY FAMILY SERVICE CENTER NONE PUBLIC SUBSIDY 201 TWIN SHORES CT LEXINGTON, KY 40515 5,000. SALVATION ARMY NONE PUBLIC SUBSIDY 736 WEST MAIN ST LEXINGTON KY 40508 20,000. VISUALLY IMPAIRED PRESCHOOL (VIPS) NONE PUBLIC SUBSIDY 161 BURT RD #4 LEXINGTON KY 40503 3,000. YMCA-HIGH STREET NONE PUBLIC SUBSIDY 239 EAST HIGH STREET LEXINGTON KY 40507 5,000.

Total from continuation sheets

							-
FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH I	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
JP MORGAN CHASE						3:	19.
TOTAL TO FORM 990-PF, PART I	, LINE	E 3, CO	LUMN A			3:	19.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A))
JP MORGAN CHASE		89,896.			29,678.	60,23	18.
TOTAL TO FM 990-PF, PART I, 1	LN 4	,	89,896.		29,678.	60,23	18.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		905.	452.			45	53.
TO FORM 990-PF, PG 1, LN 16B		905.		452.		45	53.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
FOREIGN TAXES FEDERAL EXCISE TAXES		19. 3,400.		19.			0.
TO FORM 990-PF, PG 1, LN 18		3,419.		19.			0.

	OTHER EXPENSES				STATEMENT		
DESCRIPTION	(A) (B) EXPENSES NET INV PER BOOKS MENT IN		EST- ADJUST				
FILING FEES BANK FEES	25. 12.		13.			12. 12.	
MISC ADMINISTRATIVE EXPENSES	215.		107.			08.	
TO FORM 990-PF, PG 1, LN 23	252.		120.		1	32.	
FORM 990-PF	OTHER I	NCOME			STATEMENT	6	
DESCRIPTION					(A) REVENUE PER BOOK		
FEDERAL TAX REFUND						29.	
TOTAL TO FORM 990-PF, PART I,	LINE 11, C	OTJUMNI A			7,5	20	
						<u> </u>	
FORM 990-PF	CORPORAT				STATEMENT		
	CORPORAT		вос	OK VALUE		7	
DESCRIPTION	CORPORAT			OK VALUE	STATEMENT FAIR MARKE	7 T	
DESCRIPTION			1		STATEMENT FAIR MARKE	7 T	
DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART II		E STOCK	1	,856,884.	STATEMENT FAIR MARKE VALUE 1,924,2	7 T 81.	
DESCRIPTION CORPORATE STOCKS	, LINE 10B	E STOCK	1	,856,884.	STATEMENT FAIR MARKE VALUE 1,924,2	7 T 81.	
DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART II FORM 990-PF	, LINE 10B	E STOCK	1	,856,884.	STATEMENT FAIR MARKE VALUE 1,924,23 1,924,23 STATEMENT FAIR MARKE	7 T 81. 81.	

	LIST OF OFFICERS, AND FOUNDATION MAN		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JP MORGAN CHASE BANK, NA PO BOX 21825 LEXINGTON, KY 40522	TRUSTEE 2.00	12,102.	0.	0.
MARTINA OCKERMAN PO BOX 21825 LEXINGTON, KY 40522	PRESIDENT/DIR	ECTOR 0.	0.	0.
GENEVA DONALDSON PO BOX 21825 LEXINGTON, KY 40522	SECRETARY/DIR	ECTOR 0.	0.	0.
JEAN BREWER PO BOX 21825 LEXINGTON, KY 40522	TREASURER/DIR	ECTOR 0.	0.	0.
KATHERINE BREWER PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
FRANCES COX PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
LUCY CRAMER COX PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
SARA HOWELL PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
AMY KESSINGER PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
MADELYN MILLARD PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
JOYCE OCKERMAN PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.

ORPHAN SOCIETY OF LEXING	TON R74181000		61-0	449629
CATHY RUPP PO'BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
JAMIE SHIER PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
SALLY STEVENS PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
LEE WALKER PO BOX 21825 LEXINGTON, KY 40522	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	12,102.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEAN BREWER PO BOX 21825 LEXINGTON, KY 40522

TELEPHONE NUMBER

859-269-2029

FORM AND CONTENT OF APPLICATIONS

A REQUEST FOR A SPECIFIC AMOUNT AND THE INTENDED USE OF THE FUNDS. APLLICATIONS WILL BE PROVIDED TO THE REQUESTOR.

ANY SUBMISSION DEADLINES

3 MONTHS

RESTRICTIONS AND LIMITATIONS ON AWARDS

APPLICANT MUST BE AN IRC SECTION 501(C)(3) ORGANIZATION ONLY.