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Form **990**Department of the Treasury  
Internal Revenue Service**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)

◆ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2011****Open to Public Inspection****A For the 2011 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KATE JOUETT HENRY MEMORIAL FUND</b>		<b>D</b> Employer identification number <b>61-6017978</b>
	Doing Business As		<b>E</b> Telephone number <b>270-782-4477</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1820 SCOTTSVILLE RD.</b>		
	City or town, state or country, and ZIP + 4 <b>BOWLING GREEN KY 42104</b>		<b>G</b> Gross receipts <b>329,381</b>
<b>F</b> Name and address of principal officer			<b>H(a)</b> Is this a group return for affiliate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ◆
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◆ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website ◆ <b>N/A</b>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ◆			<b>L</b> Year of formation <b>1959</b>
			<b>M</b> State of legal domicile <b>KY</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>ALL INCOME OF THE MEMORIAL FUND IS DISTRIBUTED TO THE FIRST PRESBYTERIAN CHURCH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>0</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>0</b>	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>0</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11b) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year <b>86,236</b> <b>2</b> <b>86,238</b>	Current Year <b>0</b> <b>0</b> <b>43,697</b> <b>0</b> <b>43,697</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ◆ <b>0</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>33,833</b> <b>0</b> <b>12,303</b> <b>0</b> <b>4,088</b> <b>50,224</b> <b>36,014</b>	<b>32,983</b> <b>0</b> <b>13,216</b> <b>0</b> <b>3,797</b> <b>49,996</b> <b>-6,299</b>
	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances - Subtract line 21 from line 20	Beginning of Current Year <b>839,287</b> <b>0</b> <b>839,287</b>	End of Year <b>833,686</b> <b>0</b> <b>833,686</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Preparer</b> Signature of officer <b>DENNIS LONGEST</b> Type or print name and title	Date <b>8/7/2012</b>	
	<b>TRUST OFFICER</b>	
Print/Type preparer's name <b>Chris Johns, CPA</b>	Preparer's signature <b>Chris Johns CPA</b>	Date <b>08/03/12</b>
Firm's name <b>Thurman Campbell Group, LLC</b>	Firm's EIN <b>26-3683574</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00970108</b>
Firm's address <b>117 West Ninth Street Hopkinsville, KY 42240-2139</b>	Phone no <b>270-885-8481</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission

**ALL INCOME OF THE MEMORIAL FUND IS DISTRIBUTED TO THE FIRST PRESBYTERIAN CHURCH**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ **32,983** including grants of \$ **32,983** ) (Revenue \$ )  
**ALL INCOME OF THE MEMORIAL FUND IS DISTRIBUTED TO THE FIRST PRESBYTERIAN CHURCH**

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ♦ **32,983**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<b>X</b>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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 account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?		<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body?		<b>X</b>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.		<b>X</b>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ♦ **None**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ♦ **BB&T WEALTH MANAGEMENT**  
**BOWLING GREEN** **1820 SCOTTSVILLE ROAD**  
**KY 42104**

**270-782-4477**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BB&amp;T WEALTH MANAGEMENT TRUSTEE</b>	<b>5.00</b>		<b>X</b>					<b>13,216</b>	<b>0</b>	<b>0</b>
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								<b>13,216</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>13,216</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above					
	<b>g</b> Noncash contributions included in lines 1a–f					
	<b>h</b> <b>Total.</b> Add lines 1a–1f	◆				
<b>Program Service Revenue and Other Similar Amounts</b>		<b>Busn Code</b>				
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a–2f	◆				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	◆	27,654			27,654
	<b>4</b> Income from investment of tax-exempt bond proceeds	◆				
	<b>5</b> Royalties	◆				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)	◆				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		291,395	10,332			
	<b>b</b> Less cost or other basis & sales expenses					
		285,684				
	<b>c</b> Gain or (loss)					
		5,711	10,332			
	<b>d</b> Net gain or (loss)	◆	16,043			16,043
	<b>8a</b> Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events	◆				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	◆					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	◆					
	<b>Miscellaneous Revenue</b>	<b>Busn Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> <b>Total.</b> Add lines 11a–11d	◆					
<b>12</b> <b>Total revenue.</b> See instructions	◆		43,697	0	0	43,697

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	32,983	32,983		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,216		13,216	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,327		3,327	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOREIGN TAXES PAID	468		468	
b INVESTMENT EXPENSES	2		2	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	49,996	32,983	17,013	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing		1	1,848
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	839,287	11	831,838
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	839,287	16	833,686	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	839,287	32	833,686
33 <b>Total net assets or fund balances</b>	839,287	33	833,686	
34 <b>Total liabilities and net assets/fund balances</b>	839,287	34	833,686	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,697
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,996
3	Revenue less expenses Subtract line 2 from line 1	3	-6,299
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	839,287
5	Other changes in net assets or fund balances (explain in Schedule O)	5	698
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	833,686

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b		<input checked="" type="checkbox"/>
2c		
3a		
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

**KATE JOUETT HENRY MEMORIAL FUND**

Employer identification number

**61-6017978****Part I 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 )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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 )
- 9 ☐ 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)**.
- 11 ☒ 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    d ☒ Type III—Other
- e ☒ 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)**
- f 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 ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (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?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

**h Provide the following information about the supported organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) <b>FIRST PRESBYTERIAN CHURCH</b>	<b>61-0531612</b>	<b>1</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	◆ (a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
b <b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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 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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **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**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

◆ Attach to Form 990.

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

**KATE JOUETT HENRY MEMORIAL FUND**

Employer identification number

**61-6017978****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☒ No**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

◆

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FIRST PRESBYTERIAN CHURCH 103 EAST 9TH STREET HOPKINSVILLE KY 42240	61-0531612	3	32,983				CHURCH PROGRAMS
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

DAA

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						
<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information					

**Part IV - Additional Information**

SCH. I, PART 1, LINE 1: ORGANIZATION IS A SUPPORTING ORGANIZATION TO THE  
FIRST PRESBYTERIAN CHURCH. ALL OF THE FUNDS INCOME IS DISTRIBUTED TO THE  
FIRST PRESBYTERIAN CHURCH.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

**KATE JOUETT HENRY MEMORIAL FUND**

Employer identification number

**61-6017978**

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation  
THE ORGANIZATION IS A TRUST THAT IS MANAGED BY A THIRD-PARTY PROFESSIONAL  
TRUSTEE. AS SUCH, THE ORGANIZATION DOES NOT HAVE AN OFFICIAL GOVERNING  
BODY.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation  
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
REVIEWED BY PROFESSIONAL TRUSTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Kate Jouett Henry Memorial Fund  
EIN 61-6017978

Summary of Capital Gains:	<u>Sales</u>	<u>Cost</u>	<u>Gain (Loss)</u>
Short-Term Capital Gains (Losses)	\$ 60,904	\$ 61,701	\$ (796)
Long-Term Capital Gain (Losses)	\$ 230,491	\$ 223,984	\$ 6,507
	<u>          </u>	<u>          </u>	<u>          </u>
Totals	<u>\$ 291,395</u>	<u>\$ 285,684</u>	<u>\$ 5,711</u>

ACCI 407N 1919002981  
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BRANCH BANKING & TRUST CO, TRUSTEE  
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TRUST YEAR ENDING 12/31/2011

TAX PREPAPER

TRUST ADMINISTRATOR 1086  
INVESTMENT OFFICER 9215

LEGEND F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
80 0000 ABB LID SPONSORED ADR - 000375204 - MINOR = 3161							
SOLD		03/17/2011	1822 53				
ACQ	80 0000	10/10/2008	1822 53	1162 90	659 63	LT15	Y
115 0000 ABB LID SPONSORED ADR - 000375204 - MINOR = 3161							
SOLD		09/27/2011	2031 71				
ACQ	115 0000	10/10/2008	2031 71	1671 67	360 04	LT15	Y
20 0000 ABBOTT LABORATORIES - 002824100 - MINOR = 31001							
SOLD		06/24/2011	1031 56				
ACQ	20 0000	10/21/2009	1031 56	1030 32	1 24	LT15	Y
20 0000 ABBOTT LABORATORIES - 002824100 - MINOR = 31001							
SOLD		09/27/2011	1027 38				
ACQ	20 0000	10/10/2008	1027 38	1017 20	10 18	LT15	Y
220 0000 ALCOA INC - 013817101 - MINOR = 3101							
SOLD		09/27/2011	2310 17				
ACQ	220 0000	12/23/2010	2310 17	3422 52	-1112 35	SI	Y
1413 8230 AMERICAN CENTURY DIVERSIFIED BOND FUND # - 024932600 - MINOR = 54							
SOLD		09/27/2011	15665 16				
ACQ	1413 8230	09/24/2010	15665 16	15636 88	28 28	LT15	Y
50 0000 AON CORP - 037389103 - MINOR = 44							
SOLD		09/27/2011	2070 96				
ACQ	10 0000	12/23/2010	414 19	458 08	-43 89	ST	Y
40 0000		03/17/2011	1656 77	2075 79	-419 02	ST	
177 7360 ARTISAN MID CAP VALUE FUND - 04314H709 - MINOR = 52							
SOLD		06/24/2011	3808 88				
ACQ	177 7360	04/13/2010	3808 88	3369 87	439 01	LT15	Y
220 0000 BANK OF AMERICA CORP - 060505104 - MINOR = 3101							
SOLD		09/27/2011	1434 42				
ACQ	110 0000	06/25/2010	717 21	1672 00	-954 79	LT15	Y
110 0000		09/24/2010	717 21	1491 60	-774 39	LT15	Y
10 0000 CVS CORP - 126650100 - MINOR = 3101							
SOLD		03/17/2011	2297 62				
ACQ	30 0000	10/10/2008	984 69	914 09	70 60	LT15	Y
40 0000		09/24/2010	1312 93	1241 20	71 73	ST	Y
60 0000 CARNIVAL CORP PAIRED CTF 1 COM - 143658300 - MINOR = 3162							
SOLD		09/27/2011	1937 88				
ACQ	60 0000	06/24/2011	1937 88	2243 42	-305 54	SI	
30 0000 CENOVUS ENERGY INC - 15135U109 - MINOR = 61							
SOLD		09/27/2011	1599 02				
ACQ	50 0000	12/23/2010	1599 02	1610 50	-11 48	ST	Y
90 0000 CISCO SYS INC - 17275R102							
SOLD		09/27/2011	1446 77				
ACQ	10 0000	10/27/2006	160 75	241 20	-80 45	LT15	Y
40 0000		05/31/2007	643 01	1079 99	-436 98	LT15	Y
40 0000		03/17/2011	643 01	681 03	-38 02	ST	
40 0000 COCA-COLA CO COM STK - 191216100 - MINOR = 3101							
SOLD		03/17/2011	2492 07				
ACQ	40 0000	06/25/2010	2492 07	2041 60	450 47	SI	Y
2167 9930 DODGE & COX INCOME FUND - 256210105 - MINOR = 54							
SOLD		03/17/2011	29137 82				
ACQ	1686 8640	08/25/2009	22671 45	21574 99	1096 46	LT15	Y
481 1290		10/21/2009	6466 37	6221 00	245 37	LT15	Y
15 0000 EXXON MOBIL CORP - 30231G102							
SOLD		04/26/2011	1305 57				
ACQ	15 0000	10/21/2009	1305 57	1109 94	195 63	LT15	Y
20 0000 EXXON MOBIL CORP - 30231G102							
SOLD		06/24/2011	1546 17				
ACQ	20 0000	10/21/2009	1546 17	1479 91	66 26	LT15	Y
62 110 FEDERATED HIGH YIELD BOND INST CL FUND # - 31420B300 - MINOR = 54							
SOLD		03/17/2011	624 22				
ACQ	62 1110	08/25/2009	624 22	550 30	73 92	LT15	Y
535 7100 FEDERATED HIGH YIELD BOND INST CL FUND # - 31420B300 - MINOR = 54							
SOLD		09/27/2011	5046 39				
ACQ	535 7100	08/25/2009	5046 39	4746 40	299 99	LT15	Y
1373 3320 FEDERATED INTERMEDIATE FUND 303 - 31420C407 - MINOR = 54							
SOLD		09/27/2011	13678 39				
ACQ	1373 3320	06/25/2010	13678 39	13705 85	-27 46	LT15	Y
1016 8240 FIDELITY ADVISOR STRATEGIC INC FD CLASS I - 315920801 - MINOR = 54							
SOLD		06/24/2011	13315 60				
ACQ	1046 8240	12/08/2009	13315 60	12938 75	376 85	LT15	Y
151 6240 HARBOR INTERNATIONAL FUND - 411511306 - MINOR = 65							
SOLD		04/26/2011	10039 02				
ACQ	151 6240	03/10/2005	10039 02	6786 68	3252 34	LT15	Y
60 2960 HARDING LOEVNER INTERNATIONAL EQUITY INS - 412295107 - MINOR = 57							
SOLD		06/24/2011	912 28				
ACQ	60 2960	03/17/2011	912 28	896 00	16 28	ST	Y
85 0000 HEWLETT-PACKARD CO COMM STK - 428236103 - MINOR = 5010							
SOLD		09/27/2011	2027 21				
ACQ	35 0000	08/25/2009	834 73	1566 60	-731 87	LT15	Y
20 0000		09/24/2010	476 99	821 40	-344 41	LT15	Y
30 0000		03/17/2011	715 49	1248 30	-532 81	ST	
10 0000 INTEL CORP - 458140100							
SOLD		03/17/2011	794 92				
ACQ	10 0000	08/30/2006	794 92	785 93	5 99	LT15	Y

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TRUST YEAR ENDING 12/31/2011

TAX PREPARER  
TRUST ADMINISTRATOR 1086  
INVESTMENT OFFICER 9215

LEGEND F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
55 0000 INTEL CORP - 458140100							
SOLD		04/26/2011	1223 72				
ACQ	55 0000	08/30/2006	1223 72	1084 79	138 93	LT15	Y
6 0000 INTERNATIONAL BUSINESS MACHINES COM - 459200101 - MINOR = 31001							
SOLD		04/26/2011	1006 83				
ACQ	6 0000	08/25/2009	1006 83	715 50	291 33	LT15	Y
40 0000 INTERNATIONAL PAPER CO COM STK - 460146103 - MINOR = 60							
SOLD		06/24/2011	1147 92				
ACQ	40 0000	12/23/2010	1147 92	1078 40	69 52	ST	Y
130 0000 INTERNATIONAL PAPER CO COM STK - 460146103 - MINOR = 60							
SOLD		09/27/2011	3420 84				
ACQ	130 0000	09/24/2010	3420 84	2832 70	588 14	LT15	Y
60 0000 KRAFT FOODS INC-A COMMON - 50075N104 - MINOR = 3101							
SOLD		09/27/2011	2096 14				
ACQ	60 0000	06/29/2007	2096 14	2134 68	-38 54	LT15	Y
51 0450 LAZARD EMERGING MKTS PORTFOLIO INST CLAS - 52106N889 - MINOR = 57							
SOLD		04/26/2011	1132 18				
ACQ	51 0450	01/05/2007	1132 18	1027 02	105 16	LT15	Y
20 0000 LOCKHEED MARTIN CORP - 539830109 - MINOR = 3101							
SOLD		03/17/2011	1607 77				
ACQ	20 0000	04/13/2010	1607 77	1651 73	-43 96	ST	Y
30 0000 LOCKHEED MARTIN CORP - 539830109 - MINOR = 3101							
SOLD		06/24/2011	2386 78				
ACQ	15 0000	04/13/2010	1193 39	1238 79	-45 40	LT15	Y
	15 0000	06/25/2010	1193 39	1172 40	20 99	ST	Y
50 0000 LOWE'S COMPANIES INC COMMON - 548661107 - MINOR = 3101							
SOLD		03/17/2011	1298 23				
ACQ	50 0000	12/23/2010	1298 23	1276 00	22 23	ST	Y
70 0000 LOWE'S COMPANIES INC COMMON - 548661107 - MINOR = 3101							
SOLD		04/26/2011	1844 46				
ACQ	70 0000	12/23/2010	1844 46	1786 40	58 06	ST	Y
30 0000 MEDIRONIC INC - 585055106							
SOLD		04/26/2011	1237 31				
ACQ	30 0000	10/27/2006	1237 31	1462 03	-224 72	LT15	Y
40 0000 MEDIRONIC INC - 585055106							
SOLD		09/27/2011	1384 17				
ACQ	10 0000	06/29/2006	346 04	472 00	-125 96	LT15	Y
	30 0000	10/27/2006	1038 13	1462 03	-423 90	LT15	Y
45 0000 MFRCK & CO INC - 58933Y105							
SOLD		09/27/2011	1453 46				
ACQ	25 0000	06/29/2006	807 48	880 75	-73 27	LT15	Y
	20 0000	08/25/2009	645 98	659 00	-13 02	LT15	Y
53 3760 METROPOLITAN WEST TOTAL RETURN BOND FUND - 592905509 - MINOR = 55							
SOLD		06/24/2011	560 98				
ACQ	53 3760	09/24/2010	560 98	567 97	-6 94	ST	Y
60 0000 MICROSOFT CORP - 594918104 - MINOR = 31001							
SOLD		09/27/2011	1537 17				
ACQ	10 0000	09/24/2010	256 20	247 70	8 49	LT15	Y
	50 0000	04/26/2011	1280 97	1314 75	-33 77	ST	
35 0000 NOVARTIS AG - 66987V109 - MINOR = 3161							
SOLD		09/27/2011	1943 86				
ACQ	15 0000	04/13/2010	833 08	805 05	28 03	LT15	Y
	20 0000	06/25/2010	1110 78	973 40	137 38	LT15	Y
60 1350 OPPENHEIMER DEVELOPING MARKETS FUND CL Y - 683974505 - MINOR = 57							
SOLD		04/26/2011	2223 93				
ACQ	60 4330	12/23/2010	2223 93	2133 28	90 65	ST	Y
1377 1750 PIMCO FIMS FOREIGN BOND FUND - 693390882 - MINOR = 58							
SOLD		03/17/2011	14267 53				
ACQ	1377 1750	10/24/2008	14267 53	13014 31	1253 22	LT15	Y
130 0000 PFIZER INC COM STK - 717081103							
SOLD		04/26/2011	2622 01				
ACQ	130 0000	04/13/2010	2622 04	2234 70	387 34	LT15	Y
1442 6470 ROYAL PRICE TAX FREE INCOME FD #45 - 779576107 - MINOR = 56							
SOLD		06/24/2011	14123 51				
ACQ	1442 6470	03/17/2011	14123 51	13734 00	389 51	ST	Y
160 0000 STAPLES INC COMMON - 855030102 - MINOR = 3101							
SOLD		09/27/2011	2205 03				
ACQ	50 0000	09/24/2010	689 07	1029 00	-339 93	LT15	Y
	110 0000	12/23/2010	1515 96	2530 00	-1014 04	ST	Y
50 0000 STATE STR CORP - 857477103 - MINOR = 44							
SOLD		03/17/2011	2142 69				
ACQ	30 0000	04/13/2010	1285 61	1434 90	-149 29	ST	Y
	20 0000	06/25/2010	857 08	716 00	141 08	ST	Y
1151 9500 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		02/27/2011	1151 95				
ACQ	1151 9500	05/19/2008	1151 95	1151 95	0 00	LT15	Y
1934 2600 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		03/21/2011	1934 26				
ACQ	1934 2600	05/19/2008	1934 26	1934 26	0 00	LT15	Y
1711 8200 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		03/28/2011	1711 82				
ACQ	1711 8200	05/19/2008	1711 82	1711 82	0 00	LT15	Y
3392 9500 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		03/31/2011	3392 95				
ACQ	3392 9500	05/19/2008	3392 95	3392 95	0 00	LT15	Y

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TRUST YEAR ENDING 12/31/2011

TAX PREPARER  
TRUST ADMINISTRATOR 1086  
INVESTMENT OFFICER 9215

LEGEND F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
1786 0400 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		03/31/2011	4786 04				
ACQ	4786 0400	05/19/2008	4786 04	4786 04	0 00	LT15	Y
1159 6100 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		04/19/2011	1159 61				
ACQ	1159 6100	05/19/2008	1159 61	1159 61	0 00	LT15	Y
1163 7700 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		05/19/2011	1163 77				
ACQ	1163 7700	05/19/2008	1163 77	1163 77	0 00	LT15	Y
1117 3100 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		06/20/2011	1117 31				
ACQ	1117 3100	05/19/2008	1117 31	1117 31	0 00	LT15	Y
1113 0000 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		06/29/2011	4143 00				
ACQ	4143 0000	05/19/2008	4143 00	4143 00	0 00	LT15	Y
3012 8600 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		06/30/2011	3012 86				
ACQ	3012 8600	05/19/2008	3012 86	3012 86	0 00	LT15	Y
5160 0000 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		06/30/2011	5160 00				
ACQ	5160 0000	05/19/2008	5160 00	5160 00	0 00	LT15	Y
1134 0800 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		07/19/2011	1134 08				
ACQ	1134 0800	05/19/2008	1134 08	1134 08	0 00	LT15	Y
195 0000 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		08/05/2011	495 00				
ACQ	495 0000	05/19/2008	495 00	495 00	0 00	LT15	Y
495 0000 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		08/05/2011	495 00				
ACQ	495 0000	05/19/2008	495 00	495 00	0 00	LT15	Y
1040 5000 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		08/19/2011	1040 50				
ACQ	1040 5000	05/19/2008	1040 50	1040 50	0 00	LT15	Y
1015 5500 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		09/19/2011	1015 55				
ACQ	1015 5500	05/19/2008	1015 55	1015 55	0 00	LT15	Y
6359 8500 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		09/30/2011	6359 85				
ACQ	6359 8500	05/19/2008	6359 85	6359 85	0 00	LT15	Y
1921 3900 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		09/30/2011	4921 39				
ACQ	4921 3900	05/19/2008	4921 39	4921 39	0 00	LT15	Y
1041 0500 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		10/19/2011	1041 05				
ACQ	1041 0500	05/19/2008	1041 05	1041 05	0 00	LT15	Y
1063 1800 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		11/21/2011	1063 18				
ACQ	1063 1800	05/19/2008	1063 18	1063 18	0 00	LT15	Y
6384 1400 STERLING CAPITAL PRIME MONEY MARKET FUND - 85917L379 - MINOR = 11							
SOLD		12/30/2011	6384 14				
ACQ	6384 1400	05/19/2008	6384 14	6384 14	0 00	LT15	Y
280 3700 STERLING CAPITAL TOTAL RETURN BOND FUND - 85917L569 - MINOR = 54							
SOLD		09/27/2011	3089 68				
ACQ	280 3700	09/24/2010	3089 68	3165 38	-75 70	LT15	Y
1131 8000 STERLING CAPITAL INTERMEDIATE U S GOVERNMENT FUND INSL CL FUND # 341 - 85917L619 - MINOR = 55							
SOLD		09/27/2011	22991 80				
ACQ	1017 2630	08/31/2009	10955 92	10721 95	233 97	LT15	Y
	1117 5370	06/30/2010	12035 88	11980 00	55 88	LT15	Y
30 0000 STRYKER CORP - 863667101 - MINOR = 60							
SOLD		03/17/2011	1817 42				
ACQ	30 0000	09/24/2010	1817 42	1489 35	328 07	SI	Y
45 0000 TARGET CORP COM - 87612E106 - MINOR = 3101							
SOLD		06/24/2011	2096 80				
ACQ	45 0000	03/17/2011	2096 80	2265 39	-168 59	SI	
30 0000 THERMO FISHER SCIENTIFIC INC COMMON - 883556102 - MINOR = 60							
SOLD		06/24/2011	1879 33				
ACQ	30 0000	03/17/2011	1879 33	1594 69	284 64	SI	
60 0000 THERMO FISHER SCIENTIFIC INC COMMON - 883556102 - MINOR = 60							
SOLD		09/27/2011	3133 85				
ACQ	60 0000	03/17/2011	3133 85	3189 39	-55 54	SI	
120 0000 UNILEVER PLC-SPONSORED ADR - 904767704 - MINOR = 61							
SOLD		03/17/2011	3469 56				
ACQ	120 0000	08/25/2009	3469 56	3281 99	187 57	LT15	Y
50 0000 VERIZON COMMUNICATIONS - 92343V104 - MINOR = 31001							
SOLD		03/17/2011	1755 56				
ACQ	50 0000	06/25/2010	1755 56	1348 36	407 20	SI	Y
40 0000 WAL-MART STORES INC - 931142103							
SOLD		06/24/2011	2095 56				
ACQ	40 0000	04/13/2010	2095 56	2197 90	-102 31	LT15	Y
20 0000 WAL-MART STORES INC - 931142103							
SOLD		09/27/2011	1043 48				
ACQ	20 0000	09/24/2010	1043 48	1084 00	-40 52	LT15	Y
80 0000 COVIDIEN PLC - G2554F113 - MINOR = 61							
SOLD		03/17/2011	4124 62				
ACQ	80 0000	09/24/2010	4121 62	3148 00	976 62	SI	Y



ACCT 407N 1219002981  
FROM 01/01/2011  
TO 12/31/2011

BRANCH BANKING & TRUST CO , TRUSTEE  
STATEMENT OF CAPITAL GAINS AND LOSSES  
KATE J HENRY MEM FD

PAGE 73

RUN 02/04/2012  
04 46 18 AM

TRUST YEAR ENDING 12/31/2011

TAX PREPARER  
TRUST ADMINISTRATOR 1086  
INVESTMENT OFFICER 9715

LEGEND F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
30 0000 IE CONNECTIVITY LTD - H84989104 - MINOR = 61							
SOLD		03/17/2011	983 62				
ACQ	30 0000	12/23/2010	983 62	1065 90	-82 28	ST	Y
40 0000 IE CONNECTIVITY LTD - H84989104 - MINOR = 61							
SOLD		09/27/2011	1146 31				
ACQ	10 0000	09/24/2010	286 58	292 80	-6 22	LT15	Y
	30 0000	06/24/2011	859 73	1035 55	-175 82	ST	Y
30 0000 IYCO INTERNATIONAL LTD - H89128104 - MINOR = 61							
SOLD		03/17/2011	1319 83				
ACQ	30 0000	12/23/2010	1319 83	1249 80	70 03	ST	Y
55 0000 IYCO INTERNATIONAL LTD - H89128104 - MINOR = 61							
SOLD		04/26/2011	2703 74				
ACQ	55 0000	04/13/2010	2703 74	2179 65	524 09	LT15	Y
65 0000 IYCO INTERNATIONAL LTD - H89128104 - MINOR = 61							
SOLD		09/27/2011	2790 26				
ACQ	35 0000	04/13/2010	1502 45	1387 05	115 40	LT15	Y
	30 0000	09/24/2010	1287 81	1157 70	130 11	LT15	Y
TOTALS			291395 00	285684 30			

# SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE	1250 GAIN
NONCOVERED FROM ABOVE	648 21	0 00	6506 96	0 00	0 00	0 00*
COVERED FROM ABOVE	-1444 47	0 00	0 00	0 00	0 00	
COMMON TRUST FUND	0 00	0 00	0 00			0 00
CAPITAL GAIN DIVIDENDS	0 00	0 00	10332 44			0 00
	-796 26	0 00	16839 40	0 00	0 00	0 00
STATE						
NONCOVERED FROM ABOVE	648 21	0 00	6506 96	0 00	0 00	0 00*
COVERED FROM ABOVE	-1444 47	0 00	0 00	0 00	0 00	
COMMON TRUST FUND	0 00	0 00	0 00			0 00
CAPITAL GAIN DIVIDENDS	0 00	0 00	10332 44			0 00
	-796 26	0 00	16839 40	0 00	0 00	0 00

\* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

## CAPITAL LOSS CARRYOVER

FEDERAL	0 00	0 00
KENTUCKY	0 00	0 00