Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.

2017

OMB No 1545-0052

		social security numbers on t			Z U <i>I</i>
	nal Revenue Service Service Go to www.	irs.gov/Form990PF for Instru	ctions and the latest inf , and ending	ormation.	Open to Public Inspection
	me of foundation		, and ending	A Employer identificatio	n number
	RPHAN SOCIETY OF LEXINGTO)N		A chipioyer locationatio	ii iiuiiiuei
	70 CENTRAL BANK & TRUST C			61-0449629)
	nber and street (or P O box number if mail is not delivered to street	·	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
3	00 WEST VINE STREET			859-253-81	L06
	y or town, state or province, country, and ZIP or foreign pEXINGTON, KY 40507	oostal code	· ·	C If exemption application is	pending, check here
	Check all that apply: Initial return	Initial return of a for	mer nublic charity	D 1. Foreign organization	s check here
•	Final return	Amended return	mor public charty	1. Toroign organization	o, oncor nor o
	Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test,
H (Check type of organization: X Section 501(c)(3) ex		οÝ	E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	ion 0 7	under section 507(b)(1	
I Fa	air market value of all assets at end of year J Account	ing method; X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	rom Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	
	\$ 3,510,096. (Part I, colur	nn (d) must be on cash basis.)		·
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	21,747.		N/A	
	2 Check If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments			··	
	4 Dividends and interest from securities	77,580.	77,580.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				ļ
ē	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 2 2 3 7 7 3 6	219,525.			
Revenue	assets on line 6a	RECEIVED	210 525		
ě	7 Capital gain net income (from Part IV, line 2)	VEOLIVED (219,525.		
-	8 Net short-term capital gain		<u> </u>		
<u></u>	9 Income modifications 100 Gross sales less returns				
j	10a and allowances b Less Cost of goods sold	a	<u> </u>	 -	
	c Gross profit or (loss)	GDEN. UT			
	11 Other income	2,949.	ئ 2,949.		STATEMENT 2
	12 Total. Add lines 1 through 11	321,801.	300,054.	 -	
_	13 Compensation of officers, directors, trustees, etc	0.	0.	·····	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
ses	16a Legal fees				
Expens	b Accounting fees STMT 3	2,550.	1,275.		1,275.
Ä			·		
Operating and Administrative	17 Interest		0.640		0.215
itral	18 Taxes STMT 4	5,295.	2,648.		2,647.
ij:	19 Depreciation and depletion				
Ê	20 Occupancy				ļ
Ā	21 Travel, conferences, and meetings	ļ			
) an	22 Printing and publications 23 Other expenses STMT 5	19,133.	9,567.		9,567.
ţ	24 Total operating and administrative	13,133.	J, JUT •		7,307.
ēra	expenses. Add lines 13 through 23	26,978.	13,490.		13,489.
o	25 Contributions, gifts, grants paid	144,200.			144,200.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	171,178.	13,490.		157,689.
	27 Subtract line 26 from line 12:				<u> </u>
	& Excess of revenue over expenses and disbursements	150,623.			11
	b Net investment income (if negative, enter -0-)		286,564.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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C/O CENTRAL BANK & TRUST CO

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
뜨	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	235.	289.	289.
	2	Savings and temporary cash investments	62,598.	68,876.	68,876.
	3	Accounts receivable >			
		Less, allowance for doubtful accounts			
	4	Pledges receivable			
	ĺ	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	İ		:
	1	Less, allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock STMT 6	2,453,351.	2,657,487.	3,349,867.
	C	Investments - corporate bonds STMT 7	151,921.	91,849.	91,064.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			n a session outside out w
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item I)	2,668,105.	2,818,501. 191.	3,510,096.
	17	Accounts payable and accrued expenses	418.	191.	
	18	Grants payable			1
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			;
jab	21	Mortgages and other notes payable			·
_	22	Other liabilities (describe)			t 1
	l		440	101	1
_	23	Total liabilities (add lines 17 through 22)	418.	191.	1
	ŀ	Foundations that follow SFAS 117, check here			1
ý		and complete lines 24 through 26, and lines 30 and 31.			ı
lances	24	Unrestricted			1
	25	Temporarily restricted			i
or Fund Ba	26	Permanently restricted			, !
Ě	1	Foundations that do not follow SFAS 117, check here			T or or opposite the state of t
F		and complete lines 27 through 31.	2 667 607	2 010 210	
	27	Capital stock, trust principal, or current funds	2,667,687.	2,818,310.	1
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds		0.	
ž	30	Total net assets or fund balances	2,667,687.	2,818,310.	
	2,	Total liabilities and net assets/fund balances	2,668,105.	2,818,501.	-
_	31			2,010,301.	
<u>P</u>	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	2,667,687.
		r amount from Part I, line 27a		2	150,623.
3	Othe	r increases not included in line 2 (itemize)		3	0.

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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(a) List and describe	the kind(s) of property sold (for exa- irehouse; or common stock, 200 sh	mple, real esta	ite,	(b) How a P - Puro D - Don	cquired chase	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)	
18 SEE ATTACHED S		3. 11120 00.)		חסט - ט	P	(, 22), 5.1,	(, 22), 7.7	
b SEE ATTACHED S					P			
c SEE ATTACHED S					P			
d CVS CORP LITIG					P		- 	
e CAPITAL GAINS					-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		··	(h) Gain or (l ((e) plus (f) mir		
a 440,218.	······	 	416,45	6.		······································	23,762.	
b 808,041.	· · · · · · · · · · · · · · · · · · ·	 	627,66				180,379.	
60,000.		 	60,09					
d 37.							37.	
e 15,440.							15,440.	
Complete only for assets showing	g gain in column (h) and owned by	the foundation	on 12/31/69.			Gains (Col (h)		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ccess of col. (1) col. (1), if any		col	(k), but not less Losses (from c	than -0-) or ol. (h))	
a							23,762.	
b							180,379.	
C							-93.	
d							37.	
е							15,440.	
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the loss of the l			} 2			219,525.	
3 Net short-term capital gain or (los	•			/ 				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).	, ,		} 3			/A	
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Investr	nent Inc	ome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment inc	come.)				
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation doesn't qualif	tion 4942 tax on the distributable amy under section 4940(e). Do not con	nplete this par	t				Yes X No	
1 Enter the appropriate amount in e	each column for each year; see the i	nstructions be	fore making any en	itries.				
(a) Base period years Calendar year (or tax year beginnii	- / 		Net value of nor			(col. (b	(d) stribution ratio) divided by col. (c))	
2016		5,508.			9,192		.055930	
2015		6,203.			3,512		.052704	
2014		8,342.			9,677		.050113	
2013		9,021.			3,248		.044440	
2012	6	5,943.	L	2,64	2,022		.024959	
2 Total of line 1, column (d)				_		2	.228146	
3 Average distribution ratio for the 5 the foundation has been in exister	•	on line 2 by 5.	u, or by the numbe	r of years		3	.045629	
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X,	line 5				4	3,234,681.	
5 Multiply line 4 by line 3						5	147,595.	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	2,866.	
7 Add lines 5 and 6						7	150,461.	
8 Enter qualifying distributions from	n Part XII. line 4					8	157,689.	
· · · · · ·	line 7, check the box in Part VI, line	1b, and comp	olete that part using	ja 1% tax	rate.	L.:		
See the Part VI instructions.								
723521 01-03-18							Form 990-PF (2017)	

ORPHAN SOCIETY OF LEXINGTON Form 990-PF (2017) C/O CENTRAL BANK & TRUST CO Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 2,866. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2,866. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-2,480 a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0. b Exempt foreign organizations - tax withheld at source 6b Ō. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 2,480. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ______ if Form 2220 is attached 8 386. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a $\overline{\mathbf{x}}$ b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation, > \$ 0 • (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · By language in the governing instrument, or

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

of each state as required by General Instruction G? If "No," attach explanation

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ΚY

remain in the governing instrument?

PE	In VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	١		х
10	section 512(b)(13)? If "Yes," attach schedule. See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		
12	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			·
14	The books are in care of ▶ CENTRAL BANK & TRUST COMPANY Telephone no. ▶ 859-25	3-8	106	
	Located at ► 300 WEST VINE STREET, LEXINGTON, KY ZIP+4 ►40			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			. []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		
_	foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		N -	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly);			!
	(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) a disqualified person? Yes X No			:
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	ł	ł	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(4) Fay compensation to, or pay of reinfluinge the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available]] .	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		
	if the foundation agreed to make a grant to or to employ the official for a period after	ĺ	1	,
	termination of government service, if terminating within 90 days.)			1
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		,
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	l.		
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			1
	defined in section 4942(j)(3) or 4942(j)(5)):		ŀ	,
ä	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		1
	before 2017?		İ	
	If "Yes," list the years	1		l '
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		Ì	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
_	statement - see instructions.) N/A	2b	 	
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ĺ		
٠.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		}	
38	during the year? Wes X No			
,	of If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
٠	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	1		
	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,			,
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
		rm 99)-PF	(2017)

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Part VII-B | States

C/O CENTRAL BANK & TRUST CO

Fa During the year did the foundation pay or year any amount to	Torin 4720 May be r	nequired (contin	uea)	Yes	No
5a During the year, did the foundation pay or incur any amount to:	A045(a)\Q		es X No	168	140
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	· · ·		S LAL NO		
(2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?	r to carry on, unectly or main		es X No		1 :
(3) Provide a grant to an individual for travel, study, or other similar purposes?	2		es X No		'
(4) Provide a grant to an organization other than a charitable, etc., organization		''	55 <u>[24]</u> NU		
4945(d)(4)(A)? See instructions	i described in section		es X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnoces, or t		35 (21) 110		
the prevention of cruelty to children or animals?	or coucational purposes, or i		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				
section 53 4945 or in a current notice regarding disaster assistance? See instru	•		N/A	5b	1
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			1
expenditure responsibility for the grant?		. —	es 🔲 No		1 .
If "Yes," attach the statement required by Regulations section 53,4945-5(d).		•			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				,
a personal benefit contract?	•	Y	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			ļ		1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trusto		nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
/ Marsa and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allow	ances
]			
SEE STATEMENT 8		0.	0.	18,0	085.
			i		
· · · · · · · · · · · · · · · · · · ·				<u> </u>	
			<u> </u>	<u>.l</u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	T (-) Es	(DODGO
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	accour	pense it, other
	devoted to position	ļ	compensation	allow	ances
NONE					
				<u> </u>	
		 	ļ	 	
				-	
		 		 	
			}	}	
250,000		L			0
Total number of other employees paid over \$50,000				990-PF	
			Forn	・フプリーアト	(2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) (ompensation
NONE		
	ľ	
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Exper	ises
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1N/A		
	_	
_ 		
2		
2		
S	-	
·	\dashv	
4		
	7	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoi	unt
1 N/A		
2		
All other program-related investments. See instructions.		
3	- 	
	\dashv	
	-	
	\dashv	
	\dashv	
Total. Add lines 1 through 3		0.
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LF	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,237,590. 46,350.
b	Average of monthly cash balances	16	46,350.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,283,940.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,283,940.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	49,259.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,234,681.
6	Minimum investment return. Enter 5% of line 5	6	161,734.
E	Tart 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	161,734.
2a	Tax on investment income for 2017 from Part VI, line 5 2,866.		
b		1	
C	Add lines 2a and 2b	20	2,866.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,866. 158,868.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	158,868.
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	158,868.
<u></u>	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	157,689. 0.
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1b	137,003.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
2			
3	Amounts set aside for specific charitable projects that satisfy the:	3a	
	Suitability test (prior IRS approval required)		
	Cash distribution test (attach the required schedule)	3b	157,689.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	 	131,003.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		2 966
_	income Enter 1% of Part I, line 27b	5	2,866. 154,823.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	
	· —		Form 990-PF (2017)

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
1 Distributable amount for 2017 from Port VI	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				158,868.
2 Undistributed income, if any, as of the end of 2017				200,000
a Enter amount for 2016 only			89,581.	
b Total for prior years:				
, , ,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				1
b From 2013				
c From 2014]	ļ		
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				,
Part XII, line 4. ►\$ 157,689.		ĺ		
a Applied to 2016, but not more than line 2a			89,581.	
b Applied to undistributed income of prior		ا ۸		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				68,108.
d Applied to 2017 distributable amount e Remaining amount distributed out of corpus	0.			00,100
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.		-	
6 Enter the net total of each column as indicated below:		:		v corrections
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	<u></u>	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		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must			Ti.	
be distributed in 2018				90,760.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				İ
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				,
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	_			l

ORPHAN SOCIETY OF LEXINGTON C/O CENTRAL BANK & TRUST CO

	TRAL BANK &			61-04	49629 Page 10
Part XIV Private Operating F	oundations (see in:	structions 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	2017, enter the date of t	the ruling	▶		*
b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	142(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed		<u> </u>		/	
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			/	1	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:				İ	
a "Assets" alternative test - enter:					1
(1) Value of all assets	<u> </u>		/		
(2) Value of assets qualifying	1	,	ľ		1
under section 4942(j)(3)(B)(i)		/	 		<u></u>
b "Endowment" alternative test - enter 2/3 of minimum investment return		/			
shown in Part X, line 6 for each year				İ	
listed				<u></u>	
c "Support" alternative test - enter:		/		<u> </u>	
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on				{	
securities loans (section					
512(a)(5)), or royalties)		/			<u> </u>
(2) Support from general public and 5 or more exempt	/	ſ			
organizations as provided in	/ /				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			•		
an exempt organization					
(4) Gross investment income			2.1	1 105 000	
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during the		uctions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the	foundation before the clos	e of any tax
NONE	σι ε τιαπ φο,ουσ). (σε ε στ	0011011 007 (4)(2).)			
	400/				
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	n of the ownership of a pa	rtnersnip or
NONE	a value av gradus minara				
	on Orant Cift Lana	Cabalavahia ata Du			
2 Information Regarding Contribution Check here ► if the foundation of			•	ot accept unsolicited requ	anta for funda. If
the foundation makes gifts, grants, etc.,					3515 IUI IUIIU5. II
a The name, address, and telephone numb					
a The hame, address, and telephone numb	jer of email address of th	ic person to whom applica	ations should be address	cu.	
SEE STATEMENT 9					
b The form in which applications should be	e submitted and informat	on and materials they sh	ould include:		
• · · · · · · · · · · · · · · · · · · ·					
c Any submission deadlines;					
d Any restrictions or limitations on awards	such as hy generanhina	l areas charitable fields	kinde of inctitutions or o	ther factors:	
u Any restrictions of initiations on awards	, such as by yeographica	a arvas, enaritable nelus, l	งแลง บา แเงนเนแบแ ง, บา บ	ther lactors,	

Form 990-PF (2017) C/O CENTRAL BANK & TRUST CO

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year BLACK CHURCH COALITION SUBSIDY NONE PUBLIC P.O. BOX 12209 LEXINGTON, KY 40581 10,000. NONE PUBLIC SUBSIDY CHRYSALIS HOUSE 1589 HILL RISE DR LEXINGTON, KY 40504 1,500. LEXINGTON PUBLIC LIBRARY NONE PUBLIC SUBSIDY 140 E MAIN ST LEXINGTON, KY 40507 1,000. NONE SUBSIDY BIG BROTHERS BIG SISTERS PUBLIC 436 GEORGETOWN ST LEXINGTON, KY 40508 2,000. BLUEGRASS YOUTH BALLET NONE PUBLIC SUBSIDY 1595 MERCER RD #150 LEXINGTON, KY 40511 1,000. SEE CONTINUATION SHEET(S) 144,200. → 3a b Approved for future payment NONE **▶** 3b Total

61-0449629

Part XVI-A	Analysis of	Income-F	Producing	Activities
------------	-------------	----------	-----------	-------------------

1 Program service revenue:	(a) Business	(b)	1 (6) 1		
	Business code	Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	Code		-		
b	-				
C C	-				
d	-		+		
6		·			
1	-				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	<u> </u>	 			
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	77,580.	
5 Net rental income or (loss) from real estate;					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	2,949.	
8 Gain or (loss) from sales of assets other than inventory			18	219,525.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			_		
b					
c					
d					
e	_				
2 Subtotal. Add columns (b), (d), and (e)).	300,054	0
3 Total. Add line 12, columns (b), (d), and (e)				13	300,054
See worksheet in line 13 instructions to verify calculations.)					

Line No. ▼	Explain below now 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).
ľ	

Part XVII					ind Relations	hips With Nonchar			age 13
1 Did the or			of the followin	g with any other organizati	on described in sect	ion 501(c)	T	Yes	No
(other tha	an section 501(c)(3) organ	nizations) or in sectio	n 527, relating	g to political organizations?	•				
a Transfers	from the reporting found	ation to a noncharita	ble exempt or	ganization of:					
(1) Cash							1a(1)		X
(2) Other							1a(2)		X
b Other tran									.,
• •	s of assets to a noncharita						16(1)		X
• •	hases of assets from a no	•	organization				1b(2)	-	X
• •	al of facilities, equipment, ibursement arrangements						1b(3)		X
٠,	ioursement arrangements is or loan guarantees						1b(4) 1b(5)	_	X
	ormance of services or me	embershin or fundral	sına salıcıtatın	ne			1b(6)		X
	of facilities, equipment, ma						10	Ή-	X
					wavs show the fair r	market value of the goods, o		sets.	
						or sharing arrangement, s		,	
column (d) the value of the goods,	other assets, or serv	rices received.		•	-			
(a)Line no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and t	haring a	rangeme	nts
			N/A						
						·			
		<u> </u>							
		<u> </u>							
					- 	 _	_		
		 							
									
					· †				
	·· 	<u> </u>		····	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·								
-									
ın section	indation directly or indirect in 501(c) (other than section complete the following sch	n 501(c)(3)) or in se		or more tax-exempt organ	izations described		Yes	X] No
	(a) Name of org			(b) Type of organization		(c) Description of relationsh	קוו		
	N/A								
<u> </u>					<u> </u>				
							_		
	CENTRAL BAN	K & IRUST CO.		ng accompanying schedules and	d statements, and to the	host of my knowledge			
Sign Here	BY: STORES OF BESIDE	nplete Declaration of pr	eparer (other tha	n taxpayer) is based on all infor	TRUSTI	r has any knowledge retu sho	rn with th	discuss ne prepar v? See in	rer
Joly	Print/Type preparer's na		Preparer's s		Data	Check if PTIN			
Paid	PAULA C. H		20.4 0€		5/2/18	self- employed	161	.575	
Preparer Use Only	Firm's name ► DEA		1	··	<u> </u>	Firm's EIN ► 27 – 38			
- ,	Firm's address ▶ 10	6 W. VINE)	Phone no. (859):)55	221	1
		VINGION'	VI 403	U /		Phone no. (859)	- U U -	<u> 4</u>	

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

ORPHAN SOCIETY OF LEXINGTON C/O CENTRAL BANK & TRUST CO

Employer identification number

Organization type (check of	ine).
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
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	in described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter h purpose Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ORPHAN SOCIETY OF LEXINGTON
C/O CENTRAL BANK & TRUST CO

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNA LATHAM TRUST C/O CENTRAL BANK & TRUST CO; 300 WEST VINE STREET LEXINGTON, KY 40507	\$ 10,509.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(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	\$5,623.	Person X Payroll Concash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JAMES KENNING CHARITABLE T/W C/O JP MORGAN CHASE BANK, NA; PO BOX 8708 WILMINGTON, DE 19899	\$3,313.	Person X Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FRANCES K ROSS TRUST C/O JP MORGAN CHASE BANK, NA; PO BOX 8708 WILMINGTON, DE 19899	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization ORPHAN SOCIETY OF LEXINGTON C/O CENTRAL BANK & TRUST CO

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
] -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:			
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
]		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
453 11-01-1	7		990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number ORPHAN SOCIETY OF LEXINGTON C/O CENTRAL BANK & TRUST CO 61-0449629 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this linfo once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF I	DIVIDENDS	AND INTER	EST FROM SECT	JRITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
CENTRAL BANK	93,020.	15,44	0. 77,580	77,580.	
TO PART I, LINE 4	93,020.	15,44	77,580	77,580.	
FORM 990-PF		OTHER I	NCOME	S	TATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CENTRAL BANK			2,949.	2,949.	
TOTAL TO FORM 990-PF,	PART I,	LINE 11	2,949.	2,949.	
FORM 990-PF		ACCOUNTI	NG FEES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		2,550.	1,275		
		4,550.	1,2/5	•	1,275.
TO FORM 990-PF, PG 1,	LN 16B	2,550.	1,275	-	1,275.
TO FORM 990-PF, PG 1,	LN 16B		1,275		
		2,550.	1,275		1,275.
FORM 990-PF		2,550. TAX (A) EXPENSES	ES (B) NET INVEST-	(C) ADJUSTED NET INCOME	1,275. TATEMENT 4 (D) CHARITABLE
FORM 990-PF DESCRIPTION FOREIGN TAXES		2,550. TAX (A) EXPENSES PER BOOKS 1,613.	1,275 ES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	1,275. TATEMENT 4 (D) CHARITABLE PURPOSES 806.

FORM 990-PF	OTHER EXPENSES				STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
MISC ADMINISTRATIVE EXPENSES FIDUCIARY FEES INVESTMENT MANAGEMENT FEES	1,048. 3,616. 14,469.	1,	524. 808. 235.		5 1,8 7,2	
TO FORM 990-PF, PG 1, LN 23	19,133.	9,	567.		9,5	67.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
CORPORATE STOCKS		-	2	2,657,487.	3,349,8	67.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	-		2,657,487.	3,349,8	67.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
CORPORATE BONDS		•		91,849.	91,0	64.
TOTAL TO FORM 990-PF, PART II	, LINE 10C			91,849.	91,0	64.

	OF OFFICERS, DI FOUNDATION MANAC		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
CENTRAL BANK & TRUST COMPANY 300 WEST VINE STREET LEXINGTON, KY 40507	TRUSTEE 2.00	0.	0.	18,085.
MARTINA OCKERMAN PO BOX 21825 LEXINGTON, KY 40522	PRESIDENT/DIREC	CTOR 0.	0.	0.
GENEVA DONALDSON PO BOX 21825 LEXINGTON, KY 40522	SECRETARY/DIREC	CTOR 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	VICE PRESIDENT, 1.00	DIRECTOR 0.	0.	0.
KASSIE KESSINGER PO BOX 21825 LEXINGTON, KY 40522	TREASURER/DIREC	CTOR 0.	0.	0.
JOYCE OCKERMAN 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.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII =	0.	0.	18,085.

FORM 990-PF

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

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEAN BREWER PO BOX 21825 LEXINGTON, KY 40522

TELEPHONE NUMBER

859-269-2209

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

MARCH 15 & SEPTEMBER 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

Part XV Supplementary Informati Grants and Contributions Paid During th				
Recipient	If recipient is an individual,	Foundation	Durnoss of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
JENDY CLAY MENODIAL BOUNDARION	NONE	DAIDI TO	and a row	
HENRY CLAY MEMORIAL FOUNDATON	NONE	PUBLIC	SUBSIDY	
LEXINGTON, KY 40502				1,000
BABY HEALTH SERVICE INC	NONE	PUBLIC	SUBSIDY	
1590 HARRODSBURG ROAD				
LEXINGTON, KY 40504				10,100
CARNEGIE CENTER FOR LITERACY &	NONE	PUBLIC	SUBSIDY	
LEARNING				
251 WEST SECOND STREET				l
LEXINGTON, KY 40507				1,000
				1
CENTRAL MUSIC ACADEMY	NONE	PUBLIC	SUBSIDY	
219 EAST SHORT ST		}		2 000
LEXINGTON, KY 40507				2,000
CHILDREN'S ADVOCACY CENTER 162 N ASHLAND AVE	NONE	PUBLIC	SUBSIDY	
LEXINGTON, KY 40502				2,500.
			· · · · · · · · · · · · · · · · · · ·	
COMMON GOOD	NONE	PUBLIC	SUBSIDY	
1015 N LIMESTONE	100.12			
LEXINGTON, KY 40505				4,400
CROSS MINISTRIES	NONE	PABLIC	SUBSIDY	
166 MARKET STREET		1		
LEXINGTON, KY 40507		 		10,000
EXPLORIUM	NONE	PUBLIC	SUBSIDY	
440 WEST SHORT STREET				1 000
LEXINGTON, KY 40507				1,000
GOD'S PANTRY 1685 JAGGIE FOX WAY	NONE	PUBLIC	SUBSIDY	
LEXINGTON, KY 40511				7,100
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HARRISON ELEMENTARY SCHOOL	NONE	PUBLIC	SUBSIDY]
161 BRUCE STREET	1044		5555151	
LEXINGTON, KY 40507				8,000
Total from continuation sheets				128,700.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		ļ
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			 	7,500.
LEXINGTON WOMEN'S CLUB 1341 CORONA DRIVE	NONE	PUBLIC	SUBSIDY	
LEXINGTON, KY 40514				8,000.
LIVING ARTS & SCIENCE CENTER	NONE	₽UBLIC	SUBSIDY	
362 N MARTIN LUTHER KING BLVD				
LEXINGTON, KY 40508				2,100.
MCDOWELL-BRECKINRIDGE FOUNDATION	NONE	PUBLIC	SUBSIDY	ľ
120 PRESTON AVE LEXINGTON, KY 40502				6,000.
OPEN DOOR CHURCH	NONE	PUBLIC	SUBSIDY	
749 ADDISON AVENUE				
LEXINGTON, KY 40504				3,900.
READING CAMP/DIOCESE OF LEXINGTON	NONE	PUBLIC	SUBSIDY	
PO BOX 610 LEXINGTON, XY 40588				5,000.
REPAIRERS LEXINGTON	NONE	PUBLIC	SUBSIDY	}
P.O. BOX 34152				
LEXINGTON, KY 40588			 	1,000.
SALVATION ARMY	NONE	PUBLIC	SUBSIDY	
736 WEST MAIN ST LEXINGTON, KY 40508				15,000.
THE NEST	NONE	PUBLIC	SUBSIDY	
530 NORTH LIMESTONE				
LEXINGTON, KY 40508			<u> </u>	15,000.
Total from continuation sheets				<u> </u>

ORPHAN SOCIETY OF LEXINGTON C/O CENTRAL BANK & TRUST CO Supplementary Information

	rear (Continuation)		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or dusiness)	or substantial contributor	recipient		
ISUALLY IMPAIRED PRESCHOOL SERVICES	NONE	PUBLIC	SUBSIDY	1
50 HENRY CLAY AVE				[
EXINGTON, KY 40502			 	5,0
MCA OF CENTRAL KY O BOX 4654	NONE	PUBLIC	SUBSIDY	
EXINGTON, KY 40544				3,1
DAINGTON, RI 10341				, , , ,
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