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

OMB No 1545-0052

2010Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.		A Employer identification number 61-6037046
Number and street (or P.O. box number if mail is not delivered to street address) 1221 SOUTH BROADWAY	Room/suite	B Telephone number (859) 258-6055
City or town, state, and ZIP code LEXINGTON, KY 40504		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 352,474. (Part I, column (d) must be on cash basis.)	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I 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		73,275.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		6,996.	6,996.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		-4,585.			
b Gross sales price for all assets on line 6a 34,013.					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		28,888.	0.		STATEMENT 2
12 Total. Add lines 1 through 11		104,574.	6,996.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees STMT 3		1,309.	0.		0.
b Accounting fees STMT 4		2,500.	1,250.		1,250.
c Other professional fees STMT 5		10,980.	0.		5,490.
17 Interest					
18 Taxes STMT 6		4.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications		1,882.	0.		1,882.
23 Other expenses STMT 7		65,951.	250.		64,007.
24 Total operating and administrative expenses. Add lines 13 through 23		82,626.	1,500.		72,629.
25 Contributions, gifts, grants paid		70,550.			70,550.
26 Total expenses and disbursements. Add lines 24 and 25		153,176.	1,500.		143,179.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-48,602.			
b Net investment income (if negative, enter -0-)			5,496.		
c Adjusted net income (if negative, enter -0-)				N/A	

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	47,610.	20,845.	20,845.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings and equipment basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	322,376.	331,629.	331,629.
Liabilities	14 Land, buildings, and equipment: basis ▶ 10,070. Less: accumulated depreciation STMT 10 ▶ 10,070.			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	369,986.	352,474.	352,474.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	253,718.	259,348.	
	25 Temporarily restricted	116,268.	93,126.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	369,986.	352,474.	
	31 Total liabilities and net assets/fund balances	369,986.	352,474.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	369,986.
2 Enter amount from Part I, line 27a	2	-48,602.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 8	3	-31,090.
4 Add lines 1, 2, and 3	4	352,474.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	352,474.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENT				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 34,013.		38,598.	-4,585.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e			-4,585.	
2 Capital gain net income or (net capital loss)		<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="margin-left: 10px;"> 2 </div> </div>		-4,585.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 </div> <div style="margin-left: 10px;"> 3 </div> </div>		N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	131,576.	334,056.	.393874
2008	92,911.	350,772.	.264876
2007	81,944.	342,864.	.238999
2006	58,366.	266,883.	.218695
2005	142,026.	200,406.	.708691
2 Total of line 1, column (d)			2 1.825135
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .365027
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 341,505.
5 Multiply line 4 by line 3			5 124,659.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 55.
7 Add lines 5 and 6			7 124,714.
8 Enter qualifying distributions from Part XII, line 4			8 143,179.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Part VI 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 ☐ and enter "N/A" on line 1.
Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)
- b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% 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-)
- 3 Add lines 1 and 2
- 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
- 5 **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

- a 2010 estimated tax payments and 2009 overpayment credited to 2010
- b Exempt foreign organizations - tax withheld at source
- c Tax paid with application for extension of time to file (Form 8868)
- d Backup withholding erroneously withheld

6a	341.
6b	
6c	
6d	

- 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
- 9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**
- 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 2011 estimated tax** **286.** Refunded **0.**

1	55.
2	0.
3	55.
4	0.
5	55.
7	341.
8	
9	
10	286.
11	0.

Part VII-A Statements Regarding Activities

- 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
- b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?
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
- c Did the foundation file Form 1120-POL for this year?
- 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. **\$ 0.**
- e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. **\$ 0.**
- 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?
- b If "Yes," has it filed a tax return on Form 990-T for this year?
- 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 remain in the governing instrument?
- 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.
- 8a Enter the states to which the foundation reports or with which it is registered (see instructions) **KY**
- 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) of each state as required by General Instruction G? If "No," attach explanation
- 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV
- 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

N/A

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8b	X	
9		X
10		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.LEXINGTONCLINICFOUNDATION.ORG</u>	13	X	
14	The books are in care of ► <u>THE FOUNDATION</u> Telephone no. ► <u>(859) 258-6055</u> Located at ► <u>1221 SOUTH BROADWAY, LEXINGTON, KY</u> ZIP+4 ► <u>40504</u>			
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	15	N/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

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 pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(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 deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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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."

[illegible]

Total number of others receiving over \$50,000 for professional services

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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	N/A	
2		
3		
4		

Part IX-B	Summary of Program-Related Investments
------------------	---

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

		Amount
1	N/A	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Form **990-PF** (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	305,917.
b	Average of monthly cash balances	1b	40,789.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	346,706.
e	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	346,706.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,201.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	341,505.
6	Minimum investment return. Enter 5% of line 5	6	17,075.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	17,075.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	55.
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	55.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,020.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,020.
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	17,020.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	143,179.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	143,179.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	55.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	143,124.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				17,020.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005	142,026.			
b From 2006	58,366.			
c From 2007	81,944.			
d From 2008	92,911.			
e From 2009	131,615.			
f Total of lines 3a through e	506,862.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$	143,179.			
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	143,179.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	17,020.			17,020.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	633,021.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	125,006.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	508,015.			
10 Analysis of line 9:				
a Excess from 2006	58,366.			
b Excess from 2007	81,944.			
c Excess from 2008	92,911.			
d Excess from 2009	131,615.			
e Excess from 2010	143,179.			

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date _____

Title

Print/Type preparer's name

Preparer's signature

Date

Check ☐
self-employed

PTIN

**Paid
Preparer
Use Only**

PAULA C. HANSON

Firm's name	DEAN DORTON ALLEN FORD, PLLC
-------------	------------------------------

Firm's address ▶ ~~106 W. VINE STREET, SUITE 600~~
~~LEXINGTON, KY 40507~~

Firm's EIN ▶

Phone no. (859) 255-2341

Form **990-PF** (2010)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2010

Name of the organization

LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CATHOLIC HEALTH INITIATIVES 424 LEWIS HARGETT CIRCLE, SUITE 160 LEXINGTON, KY 40503	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FIFTH THIRD BANK OF KENTUCKY 250 W. MAIN STREET LEXINGTON, KY 40507	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NEW LEXINGTON CLINIC 1221 SOUTH BROADWAY LEXINGTON, KY 40504	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STITES & HARBISON 250 WEST MAIN STREET, SUITE 2300 LEXINGTON, KY 40507-1758	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	NORTHERN TRUST CORP-38 SHS	P	10/10/94	02/02/10
b	AMERICAN NEW ECONOMY FUND-506.971 SHS	P	11/17/06	04/19/10
c	AMERICAN GROWTH FUND-414.365 SHS	P	11/17/06	04/19/10
d	AMERICAN INVESTMENT CO-150 SHS	P	11/17/06	10/20/10
e	AMERICAN INVESTMENT CO-.726 SHS	P	09/20/10	10/20/10
f	AMERICAN WASHINGTON MUTUAL INVESTMENT FUND-156 SH	P	11/17/06	10/20/10
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,913.		354.	1,559.
b	12,000.		13,339.	-1,339.
c	12,000.		14,068.	-2,068.
d	4,030.		5,316.	-1,286.
e	20.		19.	1.
f	4,050.		5,502.	-1,452.
g				
h				
i				
j				
k				
l				
m				
n				
o				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1,559.
b			-1,339.
c			-2,068.
d			-1,286.
e			1.
f			-1,452.
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	-2-	4,585.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

PORT
FORM 990-PF PAGE 1

FORM 990-PF PAGE 1

990-066

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER EQUIPMENT	11/20/00	SL	5.00	17	5,953.			5,953.	5,953.		0.
2	LCD PROJECTOR & PERIPHERAL EQUIPMENT	07/24/01	SL	5.00	17	4,117.			4,117.	4,117.		0.
	* TOTAL 990-PF PG 1 DEPR					10,070.		0.	10,070.	10,070.	0.	0.

028102
05-01-10

(D) Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MERRILL LYNCH INVESTMENTS	6,996.	0.	6,996.
TOTAL TO FM 990-PF, PART I, LN 4	6,996.	0.	6,996.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	28,888.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	28,888.	0.	

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL SERVICES	1,309.	0.		0.
TO FM 990-PF, PG 1, LN 16A	1,309.	0.		0.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING SERVICES	2,500.	1,250.		1,250.
TO FORM 990-PF, PG 1, LN 16B	2,500.	1,250.		1,250.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING SERVICE	10,980.	0.		5,490.
TO FORM 990-PF, PG 1, LN 16C	10,980.	0.		5,490.

FORM 990-PF	TAXES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
KY FILING FEE	4.	0.		0.
TO FORM 990-PF, PG 1, LN 18	4.	0.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS	2,958.	0.		1,729.
CANCER CENTER EXPENSES	27,850.	0.		27,850.
GARDEN OF HOPE EXPENSES	155.	0.		155.
INVESTMENT FEES	250.	250.		0.
GOLF TOURNAMENT EXPENSES	21,755.	0.		21,755.
OFFICE SUPPLIES	1,215.	0.		750.
CME CARDIOLOGY	55.	0.		55.
SUPPLIES	2,885.	0.		2,885.
SPONSORSHIP-RICHMOND ONCOLOGY CENTER	8,828.	0.		8,828.
TO FORM 990-PF, PG 1, LN 23	65,951.	250.		64,007.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
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DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS	31,090.
TOTAL TO FORM 990-PF, PART III, LINE 3	31,090.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - MERRILL LYNCH	FMV	331,629.	331,629.
TOTAL TO FORM 990-PF, PART II, LINE 13		331,629.	331,629.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	5,953.	5,953.	0.
LCD PROJECTOR & PERIPHERAL EQUIPMENT	4,117.	4,117.	0.
TOTAL TO FM 990-PF, PART II, LN 14	10,070.	10,070.	0.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. JAMES HUNTER 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.50	0.	0.	0.
DR. ARDIS HOVEN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
TRAVIS MUSGRAVE 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
JANET CRAIG 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
MIKE SHEPHERD 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
KAYE DICKSTON 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
MARY HEMLEPP 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
DAVID JOHNSON 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
RENEE JACKSON 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
BARBARA TILGHMAN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
JESSICA TRETTER 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.

DR TREVOR WILKES 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
DR STEPHEN UMANSKY 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR NON-VOTING 0.25	0.	0.	0.
DR ANDRES HENDERSON 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR EX-OFFICIO 0.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT 12
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RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
KRISTIN ASHLEY HYSOING	NONE SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	N/A	1,000.
JASON W. WADDLES	NONE SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	N/A	575.
KIRA DESIRAE PYLES	NONE SCHOLARSHIP TO SOMERSET COMMUNITY COLLEGE	N/A	1,000.
LISA KAYE RUSSELL	NONE SCHOLARSHIP TO SOMERSET COMMUNITY COLLEGE	N/A	750.
JENA KAY DIXON	NONE SCHOLARSHIP TO MOREHEAD STATE UNIVERSITY	N/A	575.

SARAH LYNELLE BURKARDT	NONE SCHOLARSHIP TO MOREHEAD STATE UNIVERSITY	N/A	575.
ASHLEY MAE HEDGES	NONE SCHOLARSHIP TO MIDWAY COLLEGE	N/A	1,000.
CASEY N HILL	NONE SCHOLARSHIP TO MIDWAY COLLEGE	N/A	1,000.
ANGELA DANIELLE TURNER	NONE SCHOLARSHIP TO LEE'S COMMUNITY & TECHNICAL COLLEGE	N/A	750.
ALICIA LOUISE LIESEGANG	NONE SCHOLARSHIP TO HAZARD COMMUNITY COLLEGE	N/A	1,000.
SHANNON LEA DOWNING	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	1,000.
ALYSSA CAMILLE ESTES	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	575.
SAMANTHA ANN FILMALTER	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	575.
JESSICA RAEANN HAYES	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	1,000.
KRISTOFFER M HOWARD	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	1,000.

SHELLY A KUYAT	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	575.
CORISSA LEONA LAMBERT	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	1,000.
LINDSEY NICOLE LEWIS	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	575.
BOBBIE JEAN MCKINNEY	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	1,000.
LEAH FOSTER THOMAS	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	1,000.
TYLER SHAWN TIPTON	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	750.
BRIANNA E WHITE	NONE SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	N/A	575.
MEGAN E HOWARD	NONE SCHOLARSHIP TO BLUEGRASS COMMUNITY & TECHNICAL COLLEGE	N/A	1,000.
CRISSY LEE ROBINSON	NONE SCHOLARSHIP TO BIG SANDY COMMUNITY & TECHNICAL COLLEGE	N/A	575.
COMMUNITY ACTION COUNCIL P.O. BOX 11610 LEXINGTON, KY 40503	NONE FIGHT POVERTY ON A LOCAL LEVEL	501(C)3	5,625.

FAMILY COUNSELING SERVICE 1393 TRENT BLVD, BLDG 2, STE 2101 LEXINGTON, KY 40517	NONE PROVIDE HIGH QUALITY LOW COST COUNSELING FOR FAMILIES & INDIVIDUALS	501(C)3	10,000.
CHRYSLIS HOUSE 1589 HILL RISE DRIVE LEXINGTON, KY 40504	NONE SUBSTANCE ABUSE TREATMENT PROGRAM FOR WOMEN & THEIR CHILDREN	501(C)3	10,000.
CENTRAL KENTUCKY RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	NONE BROADCAST READING OF NEWSPAPERS & LITERATURE TO PEOPLE WHO ARE HANDICAPPED	501(C)3	5,000.
VISUALLY IMPAIRED PRESCHOOL SERVICES INC 161 BURT ROAD LEXINGTON, KY 40503	NONE PROVIDE SERVICES TO VISUALLY IMPAIRED/BLIND PRESCHOOLERS & THEIR	501(C)3	3,500.
UNIVERSITY OF KENTUCKY MEDICAL SCHOOL WILLIAM B STURGILL DEVELOPMENT BLDG LEXINGTON, KY 40506	NONE UNIVERSITY OF KY MEDICAL SCHOOL MEDICINE ACADEMIC AFFAIRS SCHOLARSHIP	501(C)3	17,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

70,550.

SECTION 4942(h)(2) ELECTION AS TO THE TREATMENT OF
QUALIFYING DISTRIBUTIONS

Name: Lexington Clinic Foundation for Medical Education & Research, Inc.

Address: 1221 South Broadway
Lexington, KY 40504

Federal ID#: 61-6037046

Year Ending: 12/31/10

Pursuant to IRC Section 4942(h)(2) and Regulation 53.4942(a)-3(d)(2), the above referenced foundation hereby elects to treat current-year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of (check one):

 a. Undistributed income from the tax year(s) ending:

<u>Tax Year</u>	<u>Amount</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

 X b. Corpus

James B. Hunter
(Signature)

James B. Hunter
(Name)

Board President
(Title)

**ELECTION TO TREAT UNUSED PRIOR-YEAR CORPUS DISTRIBUTIONS
AS CURRENT-YEAR CORPUS DISTRIBUTIONS**

Name: Lexington Clinic Foundation for Medical Education & Research, Inc.

Address: 1221 South Broadway
Lexington, KY 40504

Federal ID#: 61-6037046

Year Ending: 12/31/10

Pursuant to Regulation 53.4942(a)-3(c)(2)(iv), the above referenced foundation hereby elects to treat as a current distribution out of corpus the following unused prior tax year(s) distribution that were treated as corpus distributions under Regulation 53.4942(a)-3(d)(1)(iii) in such prior tax year(s):

<u>Tax Year</u>	<u>Amount</u>
2010	\$17,020

FERGUS HANSON MEMORIAL SCHOLARSHIP

1221 South Broadway
Lexington, KY 40504



General Information:

1. Scholarship awards are available for students enrolled in healthcare-related training programs. **Students pursuing dentistry or veterinary careers are not eligible** for these scholarships. Full and part-time students may apply. Applicants may be currently enrolled or just beginning their studies.
2. Applicants may apply for as many years as they qualify; however, no individual will be granted more than \$4,000 total.
3. Funds will be granted on an annual basis but paid on a semester basis. All funds will be paid directly to the school or college.
4. Recipient must maintain a grade point average of 3.0 on a 4.0 scale, continue in school, and continue to pursue a health-related career to receive funds for the second semester.
5. Scholarship recipients will be selected by the end of May. A letter will be sent to each applicant regarding the decision of the selection committee.
6. Previous applicants and recipients are encouraged to reapply, provided they continue to meet eligibility requirements.

All applicants must meet the following eligibility requirements:

1. Be a resident of Kentucky and reside within Lexington Clinic's service area, the eastern half of Kentucky.
2. Earn a high school diploma or equivalent.
3. Show evidence of financial need.
4. Show promise of academic achievement.
5. Select a career in a health-related field other than dentistry or veterinary medicine, studying at an accredited program.
6. Plan to work in Central or Eastern Kentucky upon graduation.
7. Provide evidence of good character and willingness to help others.

To apply, submit to the address above, in one envelope, postmarked prior to March 12, 2010 (or hand-delivered no later than 5:00 P.M. on Friday, March 12, 2010) all of the following information:

- ✓ A completed application form.
- ✓ A written narrative - maximum of two typed, double-spaced pages - explaining:
 - Your qualifications
 - Need for the scholarship
 - Explanation of your reasons for your healthcare career choice
- ✓ Three sealed letters of recommendation supporting your character, achievements, and potential - one each from:
 - A school official
 - A health professional
 - A personal reference
- ✓ Official high school transcript or GED certificate.
- ✓ A copy of SAT or ACT scores, if applicable.
- ✓ Current official transcript of college academic record, if applicable.
- ✓ Signature on Media Release Statement

III. Employment

Begin with current position and continue in reverse chronological order. Include active military duty.

Employer

Title/Responsibility

From To

IV. Community Involvement

List or describe community activities.

V. Training Program (other than Dentistry or Veterinary Medicine):

1. List school(s) where you have applied and would use this scholarship:

a. _____

Name	City/State
------	------------

b. _____

Name	City/State
------	------------

2. Program/Degree Sought: _____ Length of Program: _____

3. Description of Program: _____

[illegible]

4. Expected Graduation/Completion Date (month and year): _____

5. Will you be attending school ____ Fall '10 ____ Spring '11 ____ Both Fall '10 and Spring '11

- 6. Estimated Annual Cost of Program:**

School a. Tuition: _____ Books: _____ Other: _____

School b. Tuition: _____ Books: _____ Other: _____

Training Program (continued):

7. Do you expect to receive scholarship or grant funding from any other sources? _____

Source

Amount

Source	Amount

8. If you are not selected to receive a Fergus Hanson Scholarship, how do you plan to fund your education?

VI. Certification

I am prepared to document this information if requested, and grant permission to Lexington Clinic to confirm any information in this application. If selected to receive scholarship funds, I grant Lexington Clinic permission to use my name and photograph in publicity related to the Scholarship.

I also agree to provide Lexington Clinic an annual update on my educational progress.

Signature(s):

Student: _____

If student is under age 18:

Parent/Guardian: _____

Date Completed: _____

If selected, your name will appear in a media release, generated to local newspapers announcing the winners. Please read the following information and your signature grants permission to publish your information.

I, the undersigned, do hereby release and agree to hold harmless the Lexington Clinic from any liability of any use whatsoever of written copy in a media release promoting the Lexington Clinic Foundation and the Fergus Hanson Scholarship. I hereby waive the right to inspect and approve the finished product or the written copy that may be used in connection with the Fergus Hanson Scholarship.

Applicant Signature _____ Date _____

If under 21, the parent or legal guardian must sign below.

I, parent and legal guardian of _____ do hereby consent and grant permission to all of the foregoing.

Signature _____ Date _____

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.	Employer identification number 61-6037046
	Number, street, and room or suite no. If a P.O. box, see instructions. 1221 SOUTH BROADWAY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. LEXINGTON, KY 40504	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE FOUNDATION

- The books are in the care of ► **1221 SOUTH BROADWAY - LEXINGTON, KY 40504**
Telephone No ► **(859) 258-6055** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	341.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	341.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)