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Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

OMB No 1545-1150

2012

Open to Public Inspection

_	Can Aba		The organization may have to use a copy of this feturn to satisfy state reporting rec	unements	<u>''</u>		
A		1	dar year, or tax year beginning , and ending				
B	Check if a		C Name of organization	D Employer identification number			
H	Address o	•	Historia Towington Foundation		E 1	-6069177	
Н	Name cha	-	Historic Lexington Foundation Number and street (or P O box, if mail is not delivered to street address) Room/suite				
H	Initial retu		P O Box 901	-		0-463-6832	
H	Terminate		City or town, state or country, and ZIP + 4	- -			
Н	Amended		Lexington VA 24450	-	-	Exemption	
٢		on pending nting Method		Chasla		er ▶ f the organization is not	
G		te: ▶_ N/A					
١.						ch Schedule B	
<u>~</u>	Check		neck only one) — X 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 crganization is not a section 509(a)(3) supporting organization or a section 527 organizatio			HEZ, or 990-PF)	
r.					~	•	
			00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may oses to file a return, be sure to file a complete return	be requi	eu (se	e instructions) But ii	
L	•		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	1			
-			by to line \$ to determine gross receipts in gross receipts are \$200,000 or more, or in total assets (Fait ii bw) are \$500,000 or more, file Form 990 instead of Form 990-EZ	١,	▶ \$	84,610	
F	Part I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the	netructio	<u> </u>		
٠	41,1		f the organization used Schedule O to respond to any question in this Part I	i isti uctio	113 101	X	
_	1		gifts, grants, and similar amounts received	·	1	16,689	
	2	· ·	vice revenue including government fees and contracts		2	10,845	
	3	-	dues and assessments		3		
	4	Investment			4	76	
	5a	Gross amou	nt from sale of assets other than inventory 5a 5	7,000			
	b			1,294	1		
	С		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-54,294	
	6		fundraising events			,	
e	a	-	e from gaming (attach Schedule G if greater than				
Revenue		\$15,000)	6a				
æ	b	Gross incom	e from fundraising events (not including \$ of contributions				
_	İ		sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b				
	С	Less direct	expenses from gaming and fundraising events 6c				
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)			6d		
	7a	Gross sales	of inventory, less returns and allowances 7a				
	b	Less cost of	f goods sold 7b				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line-7a)		7c		
	8	Other reveni	ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8		
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	-26,684	
	10	Grants and	similar amounts paid (list in Schedule O)		10		
<i>)</i> >	11	•			11		
S	12	Salaries, oth	er compensation, and employee benefits		12	22,068	
Expenses	13	Professional	fees and other payments to independent contractors OGDEN, UT		13	13,963	
چ چ	14		Tent, utilities, and maintenance		14	2,786	
ш	'3	•	lications, postage, and shipping		15		
3	16	•	ses (describe in Schedule O)		16	3,686	
	17		ses. Add lines 10 through 16		17	42,503	
ું ડ	18		eficit) for the year (Subtract line 17 from line 9)		18	-69,187	
ess	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		_	004 170	
Net Assets		-	figure reported on prior year's return)		19	264,176	
. Š	20	-	es in net assets or fund balances (explain in Schedule O)		20	104 000	
	21		r fund balances at end of year Combine lines 18 through 20		21	194,989	
-01	raperv	work Reducti	on Act Notice, see the separate instructions.			Form 990-EZ (2012)	

232 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV (G) Reportable (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (G) Reportable (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (G) Reportable (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (G) Reportable (see the instructions for Part IV) (G) Reportable (see the instruction for Part IV) (G) R	Form 990-EZ (2012) Historic Lexington F	oundation	į.	54-60	69177		Page 2
(A) Beginning of year (B) End of year (B)	Part II Balance Sheets (see the instructions for F	Part II)					
22 Cash, sevengs, and meximents 23 Land and buildings 24 Cither assets (describe in Schedule O) 25 Total answers 26 Total disables 27 Total answers 28 Total disablities (describe in Schedule O) 28 Total disablities (describe in Schedule O) 29 Nat assets or Total disablines (in Total disablines) (in Total disablines) (in Total disablines) 29 Part III Statement of Program Service Accomplishments (see the instructions for Part III) 20 Kines (in Total disables) 20 Cerebre (in Total disables) 21 Statement of Program Service Accomplishments (see the instructions for Part III) 22 See Schedule O 23 Cerebre (in Corporation) (in Total disables) 24 See Schedule O 25 Cerebre (in Corporation) (in Total disables) 25 Cerebre (in Corporation) (in Total disables) 26 Cerebre (in Corporation) (in Total disables) 26 Cerebre (in Corporation) (in Total disables) 27 Cerebre (in Corporation) (in Total disables) 28 Cerebre (in Corporation) (in Total disables) 29 Cerebre (in Corporation) (in Total disables) 29 Cerebre (in Corporation) (in Total disables) 20 Cerebre (in Corporation) (in Total disables) 21 Cerebre (in Corporation) (in Total disables) 22 Cerebre (in Corporation) (in Total disables) 23 Cerebre (in Corporation) (in Total disables) 24 Cerebre (in Corporation) (in Total disables) 25 Cerebre (in Corporation) (in Total disables) 25 Cerebre (in Corporation) (in Total disables) 26 Cerebre (in Corporation) (in Total disables) 26 Cerebre (in Corporation) (in Total disables) 27 Cerebre (in Corporation) (in Total disables) 28 Cerebre (in Corporation) (in Total disables) 29 Cerebre (in Corporation) (in Total disables) 29 Cerebre (in Corporation) (in Total	Check if the organization used Schedule O t	o respond to any	question in t	his Part I	<u> </u>		X
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(a) Name and title (b) Average (c) Reportable (c) Grams (d) Heart benefits, benefit plans, and deferred compensation of their compe	Part IV List of Officers, Directors, Trustees, and Key E	mployees List eac	th one even if n	ot compe	nsated (see the i	nstruct	ions for Part IV)
(a) Name and title hours per week devoted to position (Form Per W-271099-MISC) (Fif not paid, enter 4-0-) (Fif not paid, enter 4-	Check if the organization used Schedule O to resp				(d) Heath ben	efits.	
Pamela H Simpson President	(a) Name and title	hours per week			contributions to e	mployee	
President 0.00 0 0 0 0 0 0 0 0		devoted to position					Other compensation
Albert V Carr, Jr V President 0.00 0 0 0 David Coffey Secretary 0.00 0 0 0 Peter Grover Treasurer 0.00 0 0 0 0							
V President 0.00 0 0 0 David Coffey 0.00 0 0 0 Secretary 0.00 0 0 0 Peter Grover 0.00 0 0 0 Treasurer 0.00 0 0 0	President	0.00		0			0
David Coffey Secretary 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Secretary		0.00		0			0
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DAA Form 990-E∠ (2012	DAA		- · 				Form 990-EZ (2012)

P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	•		
	modestions for Fair Vy officer if the organization used ochequie of to respond to any question in this Fair V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25-	change on Schedule O (see instructions)	34	⊢—	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	125-		x
b	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	 	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330	_	-
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	333		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter			
a b	Initiation fees and capital contributions included on line 9 Greek recents usefulded on line 9, for publications of slub facilities.	-		
40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		
700	section 4911 ►, section 4912 ►, section 4915 ►			
b				
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	İ	1	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed None The granulation backs are in copy of the Norm Reliance None	0-46	2_7	172
42a	The organization's books are in care of ▶ Norm Rollenhagen 900 Turnpike Rd Telephone no ▶ 54	U-410	3-1	4/3
		450		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	X
	If "Yes," enter the name of the foreign country	1.25		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year			Γ
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
444	completed instead of Form 990-EZ	44a		x
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	740		
-	completed instead of Form 990-EZ	44b	1	x
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	<u> </u>	X
DAA	F	orm 99	0-EZ	(2012)

48 Det the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public offices of Press, completes Schedule C. Part IV Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations only All section 501(c)(3) organizations only All section 501(c)(3) organizations and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization and section 501(c)(4) organization 501	Form	990-EZ (2012) His	toric	Lexingt	on F	oundatio	n	54-60	69177			Р	age 4
Part VI Section 501(c)(3) organizations only Ascton 501(c)(3) organizations and substance of the section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying schribtes or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organizations if we highest compensated employees (other than officers, directors, trustees and key employees) which each received more than \$100.000 of compensation from the organization of them the organization from the organization of them than \$100.000 of compensation (forms VI-21998-MISC) None 1 Total number of other employees paid over \$100.000 1 Total number of other employees paid over \$100.000 1 Total number of other employees paid over \$100.000 1 Total number of other employees paid over \$100.000 2 Total number of other employees paid over \$100.000 3 Total number of other employees paid over \$100.000 4 Total number of other employees paid over \$100.000 4 Total number of other employees paid over \$100.000 5 Tomplete this table for the organization of these part of the paid of the organization of the paid of the organization of the paid of the organization of the paid of the organization of the paid of the pai	46							ties on bel	half of or in oppo	sition			Yes	No
Ves No year? If Yes, complete Schedule C, Part II Ves No year? If Yes, complete Schedule C, Part II Ves Schedule C, Part II Ves Schedule C, Part II Ves Schedule C, Part II Ves Schedule C, Part II Ves Schedule C, Part II Ves Schedule C, Part II Ves	Pai	rt VI S	Section 501 Ill section 50 0 and 51	(c)(3) org 1(c)(3) org	janizations anizations m	s only nust ans	wer questions				tables for li			<u>X</u>
## Up the organization engage in lobbying activities or haive a section 501(n) electron in effect during the tax year? if "Yes," complete Schedule C, Part II ## 1. ## Is the organization as cando as described in section 170(b)(1)(a)(i)(i) "Yes," complete Schedule E ## 1. ## Is the organization as cando as described in section 172(b)(1)(a)(i)(i)" "Yes," complete Schedule E ## 1. ## Is the organization as cando as described in section 172 (b)(1)(a)(i)(i)" "Yes," complete Schedule E ## 1. ## Is the organization as cando as described in section 172 (b)(1)(a)(i)(i)" "Yes," complete Schedule E ## 1. ## Is the organization of the section 172 (b)(i)(i)(i)(i)(i)" "Yes," complete Schedule E ## 1. ## Is the organization as each organization of the section 172 (b) (ii) (iii)			-					·					Yes	No
the coganization as achool as described in section 170(b)(1)A(in)? If "Yes," complete Schedule E 48 Is the organization as achool as described in exempt non-chantable related organization? b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization is when highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and title of each employee paid more than \$100,000 of compensation (organization of the properties of the organization of the compensation (organization of the organization of the compensation of the organization organization of the organization of the organization or	47					r have a	section 501(h) el	ection in e	ffect during the t	ax		47		v
49a Dit the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization or section 527 organization? 61 Name and title of each employee who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' 62 Name and title of each employee burs per week desired to paid more than \$100,000 of compensation from the organization if there is none, enter 'None' 63 Name and title of each employee burs per week desired to present organization. 64 Name and title of each employee burs per week desired to present organization. 65 None 65 Complete this table for the organization of the organization. 66 Name and address of each independent contractor pad more than \$100,000 of compensation. 67 Total number of other employees paid over \$100,000 68 Organization from the organization if there is none, enter 'None' 69 Name and address of each independent contractor pad more than \$100,000 60 Organization completes Schedule A? Note All section \$100,000 61 Total number of other independent contractors each receiving over \$100,000 62 Dot the organization completes Schedule A? Note All section \$100,000 organizations and 4947(a)(1) nonexempt characteristic characteristic completes schedule A? Note All section \$100,000 organizations and 4947(a)(1) nonexempt characteristic completes schedule A? Note All section \$100,000 organizations and 4947(a)(1) nonexempt characteristic completes schedule A? Note All section \$100,000 organizations and 4947(a)(1) nonexempt characteristic completes schedule A? Note All section \$100,000 organizations and 4947(a)(1) nonexempt characteristic pade to the best of my knowledge and belief, it is note, correct and complete schedule A? Note All sections \$100,000 organizations and 4947(a)(1) nonexempt characteristic completes schedule A? Note All sections \$100,000 organizations and 4947(a)(1) nonexempt characteristic pade to the best of my knowledge and belief, it is section \$100,000 organizations	48	•	•			170/b\/1	1\/A\/u\? If "Voc "	complete	Schodulo E					
b If "Yes," was the related organization a section 527 organization? Complete this table for the organizations five highest compensation from the organization if there is none, enter "None" (a) Name and title of each employee paid more than \$100,000 of compensation from the organization if there is none, enter "None" (b) Average (b) Average devoted to position (Forms W-2/1099-MISC) (c) Reportable (c) Rep														
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and site of each employee paid more than \$100,000 (b) Average devoted to position (c) Reportable (Forms W-2/1093-MISC) (d) Health benefits, eight of the compensation. (e) Estimated amount of the remark of their compensation (d) Reportable (d) Reportable (d) Reportable (Forms W-2/1093-MISC) (e) Estimated amount of the remark of their compensation (e) Compensation	b	-		-		•								
(a) Name and title of each employee hours per week devoted to position of forms W-2/1099-MISC) compensation. None Total number of other employees paid over \$100,000	50	Complete ti	nis table for th	e organizati	on's five highe	est compe	ensated employe	es (other t	han officers, dire	ectors, trus	ees and key			
hours paid more than \$100,000 when \$100,000 hours preview devoted to position from W-21099-MISC) f Total number of other employees paid over \$100,000 f Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 b Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 b Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 b Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor paid more than \$100,000 c Total number of other independent contractor and adversarial more paid independent contractors who each received more than \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each receiving over \$100,000 c Total number of other independent contractors each received more than \$100,000 c Total number of other independent contractors each received more than \$100,000 c Total num		employees)	who each red	eived more	than \$100,00	0 of comp	pensation from th	ne organiza	ation If there is r	none, enter	"None "			
f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A "Note All section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A "Note All section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A "Note All section \$51(c)(3) organizations and statements, and to the best of my knowledge and belief, it is true, correct, and complete pecharistion of propare (5)per than officer) is based on all information of which preparer has any knowledge Sign Here Propargy signature Propargy signature Legita L young Prims and/ess J 30 CROSSING LANE, SUITE 101 LEXINGTON, VA 24450 May the IRS discuss this return with the preparer shown above? See instructions 1 Yes No.		_					hours per week	cc	mpensation	contribution benefit	ns to employee plans, and			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 None d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Under penalties of perior, it 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 officer than officer) is based on all information of which preparer has any knowledge Sign Prioritype preparers name Preparer Use Only Firm's name	No	one												
d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 peclaration of preparer 60)er than officer? Is based on all information of which preparer has any knowledge Sign Firm's address JAMES K. OLIVE, CPA Firm's	51	Complete to \$100,000 o	nis table for th f compensatio	e organizati n from the o	on's five higher organization If	est compe f there is	none, enter "Non		<u> </u>		nore than	(c) Compe	nsation	
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 pectaration of preparer (bit)er than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Print/Type preparer's name Leslie L Young Preparer Firm's name J JAMES K. OLIVE, CPA Firm's elin J 54-1565920 May the IRS discuss this return with the preparer shown above? See instructions		ile .		W										
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 pectaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Preparer's name Preparer's signature Leslie L Young Firm's name > JAMES K. OLIVE, CPA Firm's elin > 54-1565920 May the IRS discuss this return with the preparer shown above? See instructions No Type or print name and title Preparer's signature Date Check X if PTIN Polio 24434 Polio 24434 Prim's elin > 54-1565920 Phone no 540-463-2770					-								,	
Sign Here Print/Type or print name and title Preparer Firm's name JAMES K. OLIVE, CPA Firm's address ACCUSING LANE, SUITE 101 LEXINGTON, VA 24450 May the IRS discuss this return with the preparer shown above? See instructions Paid check X if PTIN Check X if PTIN Check X if PTIN Check X if PTIN Check X if PTIN Proparer Signature O5/09/13 self-employed P01024434 Prim's EIN Phone no 540-463-2770 Yes No		Did the org	anization com	plete Sched	ule A? Note	All section	n 501(c)(3) orgar		nd 4947(a)(1)			X Yes	·	No
Here Print/Type or print name and title	Under true, c	penalties of porrect, and co	omplete Peclar	that I have eation of prepa	examined this re	eturn, inclu officer) is l	iding accompanying based on all inform	g schedules ation of whi	and statements, a ch preparer has ar	and to the beny knowledg	est of my knowle	edge and beli	ef, it is	
Paid Leslie L Young Preparer Use Only May the IRS discuss this return with the preparer shown above? See instructions Check X if P01024434 P01024434 P01024434 P01024434 Po1024434 Firm's name > JAMES K. OLIVÉ, CPA Firm's name > JAMES K. OLIVÉ, CPA Firm's elin > 54-1565920 Phone no 540-463-2770			PETE	<u>a</u>	A ROVE	<u>Λ_</u>	tre	QACAL		ate	1/3, }-	J		
Use Only Firm's address 30 CROSSING LANE, SUITE 101 LEXINGTON, VA 24450 May the IRS discuss this return with the preparer shown above? See instructions Phone no 540-463-2770 Yes No		Lesl	.1e L Young		K. OLI		echie	L	Jon		09/13 self-e	mployed P01	02443	
May the IRS discuss this return with the preparer shown above? See instructions ► Yes No.	Use							101						
											Phone no 5			
	May	the IRS disc	uss this return	with the pr	eparer shown	above? S	See instructions							No

, SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Historic Lexington Foundation

Employer identification number 54-6069177

P	art i	Reas		Status (All organizations		mplete	this pa	art.) Se	e inst	ruction	ns		
				se it is (For lines 1 through 11, o									
1	ň			sociation of churches described									
2	П			(A)(ii). (Attach Schedule E)			77.7.						
3	H			ce organization described in se	ction 170	(b)(1)(A)(iii).						
4	H			d in conjunction with a hospital)(1)(A)(i	ii) Ente	er the hi	osnital's nam	ne.	
•	ш	city, and stat	= .	o m conjunction man a moophan	000011000	5556.5	(2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		oopital o nan	,	
5	\Box	•		of a college or university owned	or operati	ed hv a ni	overnme	ental uni	t descri	hed in			
•			b)(1)(A)(iv). (Complete Part		or operat	ca by a g	Svemme	Jillai atii	. 4030.1	JCQ 111			
6	\Box			governmental unit described in s	ection 17	/0/b\/4\/A	V(v)						
7	H		=	substantial part of its support from				from the	aenera	t public			
•	Ш	-	section 170(b)(1)(A)(vi). (C		om a gove	en in itema	unit or	morn the	genera	ii public	•		
8				170(b)(1)(A)(vi). (Complete Part	E II A								
9	X			1) more than 33 1/3% of its sup		contributi	one me	mherchi	n foos	and are	vee		
3										_	155		
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10				exclusively to test for public safe									
11	H			exclusively for the benefit of, to					cout the				
• • •	لــا	•	•	ted organizations described in s	•			•					
				the type of supporting organizati					•	SCCHO			
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_	\Box	a Type		··	, ,		d				ionally integ	aleu	
е		•	•	ganization is not controlled directer than one or more publicly sup	•					•			
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		or section 50	` ' ' '	reminetion from the IDS that it is	a Tuna I	Type II 4	or Tuno	III ayana	ndina				
f			check this box	ermination from the IRS that it is	a Type I,	Type II, C	і іуре	iii suppi	orung				
_		-		ition acconted any gift or contrib	ution from	any of th							Ш
g			_	ition accepted any gift or contrib	ution from	i arry or tr	ie						
		following per			41		ا مناممط						
			-	ontrols, either alone or together	with perso	ons descr	ibea in (ii) and			44-0	Yes	No
			w, the governing body of the	· · · · ·							11g(i		
			member of a person descri	**							11g(i		
				described in (i) or (ii) above?							[11g(i	11)]	L
<u>h</u>				the supported organization(s)	1, ,, ,,				T 7.0				
(e of supported janization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify	organizat	s the ion in col	(vii) Amoun	t of monet oport	ary
		,		above or IRC section	1 ''	document?	col (i)	of your	(i) organı	zed in the	,-,		
				(see instructions))				port?	 	S ?			
		-			Yes	No	Yes	No	Yes	No			
(A)													
		-			 -				ļ				
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(C)			·						-		*		
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		- "											
(D)													
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10				<u> </u>			
12	Gross receipts from related activities, etc	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)		
	organization, check this box and stop her							•
Sec	tion C. Computation of Public Su	ipport Percen	tage					
14	Public support percentage for 2012 (line 6	, column (f) divided	d by line 11, colum	nn (f))			14	<u> %</u>
15	Public support percentage from 2011 Scho						15	<u>%</u>
16a	33 1/3% support test—2012. If the organ				33 1/3% or more, o	check this		. —
	box and stop here. The organization quali							
b	33 1/3% support test—2011. If the organ			•	15 is 33 1/3% or m	ore,		
	check this box and stop here. The organiz	•		•				
17a	10%-facts-and-circumstances test—201	-						
	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa	cts-and-circumsta	nces" test. The or	ganization qualifie:	s as a publicly sup	ропеа		_
L	organization	4 16 tha company	on did not about	hay an lime 42 4	Ca 16h c-17a	d line		
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	s" test, check this t	oox and stop here	•		
	Explain in Part IV how the organization me	ets the "facts-and	-cırcumstances" te	est. The organization	on qualifies as a p	ublicly		. –
40	supported organization	d	1: 40 40 40	No. 47a47i	a ale Marc In a constitution			▶ _
18	Private foundation. If the organization did instructions	not check a box	on line 13, 16a, 16	5b, 1/a, or 17b, ch	eck this box and s	ee		▶ [

Page 3

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

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

Sec	tion A. Public Support	quality under the	e tests listed b	elow, please co	implete Part II)	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants *)	30,955	16,440	15,717	55,658	16,689	135,459
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,965	2,743	1,832	322	76	6,938
3	Gross receipts from activities that are not an unrelated trade or business under section 513		7,706	1,100	3,307	10,845	22,958
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
6	Total. Add lines 1 through 5	32,920	26,889	18,649	59,287	27,610	165,355
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						165,355
	tion B. Total Support					<u></u>	
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	32,920	26,889	18,649	59,287	27,610	165,355
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						· · · · · · · · · · · · · · · · · · ·
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	32,920	26,889	18,649	59,287	27,610	165,355
14	First five years. If the Form 990 is for the	_	second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	
800	organization, check this box and stop her				 		<u> </u>
	tion C. Computation of Public Su			n (6)		15	100.00%
15 16	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sch	* *	=	1 (1))		16	99.79%
	tion D. Computation of Investme				 	1 10	99.7970
17	Investment income percentage for 2012 (I			column (fl)	· · · · · · · · · · · · · · · · · · ·	17	%
18	Investment income percentage for 2012 (i					18	%
19a	33 1/3% support tests—2012. If the orga			14, and line 15 is i	more than 33 1/3%		
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2011. If the orga	ox and stop here . T	Γhe organizatıon q	ualifies as a public	ly supported orga	nization	► [X
J	line 18 is not more than 33 1/3%, check the						▶ [
20	Private foundation. If the organization die		=				•

Schedule A (Form 990 or 990-EZ) 2012 Historic Lexington Foundation

54-6069177

Page 4

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Open to Public

Name of the organization

Postage & Supplies

Historic Lexington Foundation

Employer identification number 54-6069177

Form	990-EZ,	Part :	I,	Line	16	_	Other	Expenses
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Description	7	Amount
Expenses		
Dues	\$	205
Office Supplies	\$	1,154

Software 252

Miscellaneous 531

Travel Ŝ 138

Insurance 1,106

> Total \$ 3,686

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

\$

300

Description Amount

Ś Adjust prior year Retained Earnings

Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beg.	of Year	End of	Year
Prepaid Expenses and Deferred Charges		\$	600	\$	0
Office Equipment		\$	2,288	\$	3,491
Fuller Street House		\$	108,208	\$	0
Valuation Allowance		\$	0	\$	0
	Total	\$	111,096	\$	3,491

Form 990-EZ, Part III - Primary Exempt Purpose

0

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Historic Lexington Foundation

Employer identification number 54-6069177

Preservation & education including acquisition, stabilization, preservation, renovation, restoration and reuse of historic properties in Lexington, VA