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

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

2012

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

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		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"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 403,691.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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)	
Revenue	1 Contributions, gifts, grants, etc., received	152,545.		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	8,579.	8,579.		STATEMENT 1	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	87.				
	b Gross sales price for all assets on line 6a	11,082.				
	7 Capital gain net income (from Part IV, line 2)		87.			
	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	14,350.	0.		STATEMENT 2		
12 Total. Add lines 1 through 11	175,561.	8,666.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14 Other employee salaries and wages	21,808.	0.		10,904.	
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees	STMT 3	2,500.	1,250.		1,250.
	c Other professional fees					
	17 Interest					
	18 Taxes	STMT 4	15.	0.		0.
	19 Depreciation and depletion					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses	STMT 5	40,579.	170.		35,652.
	24 Total operating and administrative expenses Add lines 13 through 23		64,902.	1,420.		47,806.
	25 Contributions, gifts, grants paid		80,870.			80,870.
26 Total expenses and disbursements Add lines 24 and 25		145,772.	1,420.		128,676.	
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements		29,789.				
b Net investment income (if negative, enter -0-)			7,246.			
c Adjusted net income (if negative, enter -0-)				N/A		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of year	
					(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			25,695.	45,990.	45,990.
	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 7			313,003.	357,701.	357,701.
14	Land, buildings, and equipment: basis ▶	10,070.					
	Less: accumulated depreciation	STMT 8 ▶	10,070.				
15	Other assets (describe ▶)						
16	Total assets (to be completed by all filers)				338,698.	403,691.	403,691.
Liabilities	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			273,919.	356,833.	
	25	Temporarily restricted			64,779.	46,858.	
	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				338,698.	403,691.	
31	Total liabilities and net assets/fund balances				338,698.	403,691.	

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	338,698.
2	Enter amount from Part I, line 27a	2	29,789.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6	3	35,204.
4	Add lines 1, 2, and 3	4	403,691.
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	403,691.

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 11,082.		10,995.	87.	
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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e			87.	
2 Capital gain net income or (net capital loss)		<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		2 87.
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="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		3 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 the 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))
2011	116,137.	345,946.	.335708
2010	143,124.	341,505.	.419098
2009	131,576.	334,056.	.393874
2008	92,911.	350,772.	.264876
2007	81,944.	342,864.	.238999

2 Total of line 1, column (d)	2 1.652555
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 .330511
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4 387,737.
5 Multiply line 4 by line 3	5 128,151.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6 72.
7 Add lines 5 and 6	7 128,223.
8 Enter qualifying distributions from Part XII, line 4 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.	8 128,676.

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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		1	72.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> 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	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	72.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	72.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a 234.	7	234.
b Exempt foreign organizations - tax withheld at source	6b	8	
c Tax paid with application for extension of time to file (Form 8868)	6c	9	
d Backup withholding erroneously withheld	6d	10	162.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 2013 estimated tax <input checked="" type="checkbox"/> 162. Refunded <input type="checkbox"/>			

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b 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		X
1c Did the foundation file Form 1120-POL for this year?		X
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		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
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		X
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?	X	
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.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>KY</u>		
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	X	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		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 2012, 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 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
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 2012?		1c 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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? 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	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2012 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 2012.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a 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 2012?		4b X

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

5b

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?

6b

X

If "Yes" to 6b, file Form 8870

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

☐ Yes ☒ No

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

N/A

7b

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 9		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

Form 990-PF (2012)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

Q

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.

Expenses

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		
3	All other program-related investments. See instructions.	

Total. Add lines 1 through 3

0.

Form **990-PF** (2012)

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	338,687.
b	Average of monthly cash balances	1b	54,955.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	393,642.
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	393,642.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,905.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	387,737.
6	Minimum investment return. Enter 5% of line 5	6	19,387.

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	19,387.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	72.
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	72.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,315.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,315.
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	19,315.

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	128,676.
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	128,676.
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	72.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	128,604.

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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				19,315.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	81,944.			
b From 2008	92,911.			
c From 2009	131,615.			
d From 2010	143,179.			
e From 2011	116,189.			
f Total of lines 3a through e	565,838.			
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 128,676.				
a Applied to 2011, 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)	0.			
d Applied to 2012 distributable amount				19,315.
e Remaining amount distributed out of corpus	109,361.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	675,199.			
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 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				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 2007 not applied on line 5 or line 7	81,944.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	593,255.			
10 Analysis of line 9:				
a Excess from 2008	92,911.			
b Excess from 2009	131,615.			
c Excess from 2010	143,179.			
d Excess from 2011	116,189.			
e Excess from 2012	109,361.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) **N/A**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

SEE STATEMENT 10

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

c Any submission deadlines:

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

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ALYSSA CAMILLE ESTES 957 OLD LANDING RD BEATTYVILLE, KY 41311	NONE	N/A	SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	500.
BABY HEALTH SERVICE 1590 HARRODSBURG RD LEXINGTON, KY 40504	NONE	501(C)3	MEDICAL SUPPLIES FOR DIAGNOSTIC EVALUATIONS ON LEXINGTON CHILDREN	5,000.
VISUALLY IMPAIRED PRESCHOOL SERVICES INC 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	NONE	501(C)3	EDUCATIONAL SERVICES TO VISUALLY IMPAIRED CHILDREN	1,525.
CENTRAL KENTUCKY RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	NONE	501(C)3	BROADCAST READING OF NEWSPAPERS & LITERATURE TO PEOPLE	2,250.
CHRYSALIS HOUSE 1589 HILL RISE DRIVE LEXINGTON, KY 40504	NONE	501(C)3	SUBSTANCE ABUSE TREATMENT PROGRAM FOR WOMEN & THEIR	5,000.
Total	SEE CONTINUATION SHEET(S)			80,870.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	8,579.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	87.		
9 Net income or (loss) from special events			01	<10,150.>		
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		<1,484.>		0.
13 Total Add line 12, columns (b), (d), and (e)						<1,484.>

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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		

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

Sign Here  James B. Hunter | 11-8-13 |  **PRESIDENT**

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr. 9)?
☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name <i>PAULA C. HANSON</i>	Preparer's signature <i>PAULA C. HANSON</i>	Date <i>11/6/13</i>	Check <input type="checkbox"/> if self-employed	PTIN P00161575
	Firm's name ▶ DEAN DORTON ALLEN FORD, PLLC				Firm's EIN ▶ 27-3858252
	Firm's address ▶ 106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507				Phone no. (859) 255-2341

IRS

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

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

OMB No 1545-0047

2012

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

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

Special Rules

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUEGRASS OXYGEN 1032 MAJAUN ROAD LEXINGTON, KY 40511	\$ 14,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	\$ 10,000.	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)
5	ST. JOSEPH HOSPITAL 1 SAINT JOSEPH DR LEXINGTON, KY 40504	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	ERDMAN CO PO BOX 44975 MADISON, WI 53744-4975	\$ 5,000.	Person <input checked="" 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 I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RESMED CORP 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	CATHOLIC HEALTH INITIATIVES PO BOX 636000 LITTLETON, CO 80163-6000	\$ 10,000.	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)
		\$	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)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Employer identification number

61-6037046

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

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 that total 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) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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 AMERICAN US GOVERNMENT FUND-.1470 SHS		P	11/30/09	04/02/12
b AMERICAN US GOVERNMENT FUND-.5500 SHS		P	03/28/12	04/02/12
c AMERICAN US GOVERNMENT FUND-230 SHS		P	11/17/06	05/04/12
d AMERICAN BOND FUND OF AMERICA-		P	11/17/06	05/04/12
e AMERICAN INTERMEDIATE BOND FUND OF AMERICA-242 SH		P	11/17/06	05/04/12
f				
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 2.		2.	0.
b 8.		8.	0.
c 3,330.		3,084.	246.
d 4,427.		4,649.	<222.>
e 3,315.		3,252.	63.
f			
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			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			0.
b			0.
c			246.
d			<222.>
e			63.
f			
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	87.
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

**LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.**

61-6037046

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LEXINGTON RESCUE MISSION 444 GLEN ARVIN AVE LEXINGTON, KY 40508	NONE	501(C)3	MEDICAL SERVICES FOR VOLUNTEER-RUN, FREE CLINIC AS PART OF A PROGRAM	5,200.
LEXINGTON SPEECH AND HEARING CENTER 350 HENRY CLAY BLVD LEXINGTON, KY 40502	NONE	501(C)3	VISUAL REINFORCEMENT AUDIOMETRIC (VRA) REINFORCER SYSTEM	1,945.
MISSION LEXINGTON INC 150 EAST HIGH STREET LEXINGTON, KY 40507	NONE	501(C)3	MEDICAL AND DENTAL CARE ASSISTANCE TO NEEDY FAMILIES	7,000.
LIBERTY PLACE RECOVERY CENTER FOR WOMEN 218 LAKE STREET RICHMOND, KY 40475	NONE	501(C)3	LONG TERM RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR WOMEN	5,000.
REBECCA SMITH 535 MAHAFFEY DR, APT G7 RICHMOND, KY 40475	NONE	N/A	SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	1,000.
MEGAN ADKINS 7333 HERITAGE HEIGHTS RD ASHLAND, KY 41102	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF LOUISVILLE	500.
MARANDA BROOKS 828 TOMAHAWK TRAIL LEXINGTON, KY 40503	NONE	N/A	SCHOLARSHIP TO MIDWAY COLLEGE	1,000.
DAWN BRYANT PO BOX 1166 MCKEE, KY 40447	NONE	N/A	SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	1,500.
LUDMILA CHUBARUK 2641 SHANNON TRACE LEXINGTON, KY 40511	NONE	N/A	SCHOLARSHIP TO MIDWAY COLLEGE	1,500.
JAMES CORDER 201 ALLISON DRIVE STEARNS, KY 42647	NONE	N/A	SCHOLARSHIP TO FRONTIER NURSING UNIVERSITY	2,000.
Total from continuation sheets				66,595.

**LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.**

61-6037046

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AUTUMN EDWARDS 1800 WTLO ROAD SOMERSET, KY 42503	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	1,500.
BROOK HARPER 5215 HIGHWAY 1002 WEST LIBERTY, KY 41472	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	2,000.
OLIVIA HOPPER 2732 KY ROUTE 1750 EAST POINT, KY 41216	NONE	N/A	SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	1,500.
LAUREN HOWE 1081 S BROADWAY, #207 LEXINGTON, KY 40504	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	1,500.
HANNAH JEFFERSON 6251 N KY HIGHWAY 15 HAZARD, KY 41701	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	1,500.
BETTY KRISTI KIRK 210 COLCHESTER VERSAILLES, KY 40383	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	1,500.
HANNAH POLLITT 96 HAY DRIVE HILLSBORO, KY 41049	NONE	N/A	SCHOLARSHIP TO MOREHEAD STATE UNIVERSITY	1,000.
SAMANTHA ROYSE 396 SHERMAN DRIVE HILLSBORO, KY 41049	NONE	N/A	SCHOLARSHIP TO MOREHEAD STATE UNIVERSITY	1,500.
MATTHEW SAVAGE 1450 WIDSOM DOCK ROAD ALBANY, KY 42602	NONE	N/A	SCHOLARSHIP TO CAMPBELLSVILLE UNIVERSITY	1,000.
WILLIAM WITZEL 305 SNOWDEN DRIVE WINCHESTER, KY 40391	NONE	N/A	SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	1,500.
Total from continuation sheets				

**LEXINGTON CLINIC FOUNDATION FOR
MEDICAL EDUCATION AND RESEARCH, INC.**

61-6037046

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARILYN WONG 272 DOUGLAS AVENUE, #3 VERSAILLES, KY 40383	NONE	N/A	SCHOLARSHIP TO BLUEGRASS COMMUNITY & TECHNICAL COLLEGE	2,500.
BLUEGRASS COMMUNITY FOUNDATION INC 250 WEST MAIN ST, #1220 LEXINGTON, KY 40507	NONE	501(C)3	SUPPORT THE "FOOD WORKS EAST END" PROJECT & THE "LEXTRAN FOOD BUS RENOVATION FUND"	5,450.
KENTUCKY PINK CONNECTION PO BOX 25088 LEXINGTON, KY 40524	NONE	501(C)3	REDUCE THE BARRIERS TO SCREENING, DIAGNOSIS AND TREATMENT OF BREAST CANCER	2,000.
INT BLUEGRASS 1206 NORTH LIMESTONE STREET LEXINGTON, KY 40505	NONE	501(C)3	PROVIDE QUALITY TRANSPORTATION SERVICES FOR SENIORS AND ADULTS WITH VISUAL IMPAIRMENT	6,000.
THE NEST 530 NORTH LIMESTONE STREET LEXINGTON, KY 40508	NONE	501(C)3	PROVIDE COUNSELING, PARENT EDUCATION, EMERGENCY CHILDCARE AND BASIC SUPPLIES FOR FAMILIES IN CRISIS	7,500.
JOHN CRONIN CANCER CENTER 1401 HARRODSBURG ROAD, SUITE A-100 LEXINGTON, KY 40504	NONE	N/A	THE PURCHASE GAS CARDS FOR NEEDY CANCER CENTER PATIENTS	2,000.
Total from continuation sheets				

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	8,579.	0.	8,579.
TOTAL TO FM 990-PF, PART I, LN 4	8,579.	0.	8,579.

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	14,350.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	14,350.	0.	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	3
-------------	-----------------	-----------	---

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	TAXES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
KY FILING FEE	15.	0.		0.
TO FORM 990-PF, PG 1, LN 18	15.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING	3,985.	0.		3,985.	
MISCELLANEOUS	1,554.	0.		0.	
GARDEN OF HOPE EXPENSES	135.	0.		135.	
INVESTMENT FEES	170.	170.		0.	
GOLF TOURNAMENT EXPENSES	24,500.	0.		24,500.	
OFFICE SUPPLIES	1,286.	0.		271.	
SUPPLIES	6,078.	0.		6,078.	
INSURANCE	1,366.	0.		683.	
PHONE AND PC RENTAL	1,505.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	40,579.	170.		35,652.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS		35,204.	
TOTAL TO FORM 990-PF, PART III, LINE 3		35,204.	

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS - MERRILL LYNCH	FMV	357,701.	357,701.	
TOTAL TO FORM 990-PF, PART II, LINE 13		357,701.	357,701.	

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

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 9

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	PRESIDENT 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.
MARY HEMLEPP 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	SECRETARY/TREASURER 0.25	0.	0.	0.

LEXINGTON CLINIC FOUNDATION FOR MEDICAL

61-6037046

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.
TAMMY MEADE ENSSLIN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
ROWENA MAHLOCH 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
DR ANDREW MCGREGOR 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
DR J. ELIZABETH LEHMANN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR NON-VOTING 0.25	0.	0.	0.
DR ANDREW 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.
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FORM 990-PF

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

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ALLEN C. MCDANIEL
350 ELAINE DRIVE, SUITE 100
LEXINGTON, KY 40504

TELEPHONE NUMBERNAME OF GRANT PROGRAM

859 258-6209

FERGUS HANSON MEMORIAL SCHOLARSHIP

FORM AND CONTENT OF APPLICATIONS

A COMPLETED APPLICATION, WHICH INCLUDES PERSONAL INFORMATION, EDUCATION AND TRAINING, EMPLOYMENT, COMMUNITY INVOLVEMENT, ANY OBSERVATION OF THE APPLICANT'S FIELD OF STUDY, AND THE TRAINING PROGRAM BEING PURSUED. A WRITTEN NARRATIVE EXPLAINING QUALIFICATIONS, NEED, AND REASONS FOR A HEALTHCARE CAREER CHOICE. TWO SEALED COMPLETED QUESTIONNAIRES, ONE FROM A SCHOOL OFFICIAL AND THE OTHER FROM A PERSONAL REFERENCE OTHER THAN A RELATIVE. OFFICIAL SIGNED AND SEALED HIGH SCHOOL TRANSCRIPT OR GED CERTIFICATE. A COPY OF SAT OR ACT SCORES, IF APPLICABLE. CURRENT OFFICIAL SIGNED AND SEALED TRANSCRIPT OF COLLEGE ACADEMIC RECORD, IF APPLICABLE. SIGNATURE ON MEDIA RELEASE STATEMENT. A 2013 APPLICATION IS ATTACHED.

ANY SUBMISSION DEADLINES

THE APPLICATIONS ARE DUE IN MARCH

RESTRICTIONS AND LIMITATIONS ON AWARDS

AN APPLICANT MUST BE A RESIDENT OF KENTUCKY AND RESIDE WITHIN THE LEXINGTON CLINIC SERVICE AREA-THE EASTERN HALF OF KENTUCKY, HAVE EARNED A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT, AND BE PURSUING AN EDUCATION IN ALLIED HEALTHCARE, SHOW EVIDENCE OF FINANCIAL NEED, SHOW PROMISE OF ACADEMIC ACHIEVEMENT, SELECT A CAREER IN A HEALTH-RELATED FIELD OTHER THAN DENTISTRY OR VETERINARY MEDICINE OR PRE-MED/ MEDICAL DOCTOR, STUDYING AT AN ACCREDITED PROGRAM, PLAN TO WORK IN CENTRAL OR EASTERN KENTUCKY UPON GRADUATION, PROVIDE EVIDENCE OF GOOD CHARACTER AND WILLINGNESS TO HELP OTHERS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ALLEN C. MCDANIEL
350 ELAINE DRIVE, SUITE 100
LEXINGTON, KY 40504

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

859 258-6209

COMMUNITY PROJECT FUNDING

FORM AND CONTENT OF APPLICATIONS

N/A

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

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.
	LCD PROJECTOR &											
2	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.



**Lexington Clinic
FOUNDATION**
Since 1959

Health Education | Research | Philanthropy

**Lexington Clinic Foundation
Fergus Hanson Memorial Scholarship
350 Elaine Drive, Suite 100
Lexington, Kentucky 40504**

Named in honor of Fergus Hanson, Lexington Clinic's second and longest-serving administrator, the Fergus Hanson Memorial Scholarship fund provides scholarships in allied health sciences to Central and Eastern Kentucky students.

General Information:

1. Scholarship awards are available for students enrolled in allied healthcare-related training programs. **Students pursuing dentistry, veterinary or medical doctor careers are not eligible** for these scholarships. Individuals applying to a pre-program track (e.g., pre-chemistry, pre-pharmacy, pre-physical therapy, etc.) are **not** eligible for the scholarship.
2. Individuals who received (won) the Fergus Hanson Memorial Scholarship in the past two consecutive years are not eligible to re-apply. Those who have won two years in a row are required to wait one year to re-apply. Hence, if you won in 2011 and 2012, you are not eligible to apply in March, 2013. You could, however, apply in 2014.
3. Full and part-time students may apply. Applicants may be currently enrolled or just beginning their studies.
4. 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.
5. 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.
6. 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.
7. Previous applicants and recipients are encouraged to re-apply, 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 and be pursuing an education in allied healthcare.
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 or pre-med/ medical doctor, 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 all of the following to the address above in one envelope, postmarked prior to Friday, March 8, 2013, (or hand-delivered no later than 5:00 p.m. on Friday, March 3, 2013):

- A completed application form
- A written narrative – maximum of one typed, double-spaced page – explaining your qualifications, your need for the scholarship and your reasons for your healthcare career choice
- Two sealed, completed, reference questionnaires, one from a school official and the other from a personal reference **Questionnaires may NOT be from a relative**

- **Official** (signed and sealed) high school transcript or GED certificate (print outs from the internet are **not** acceptable).
- A copy of SAT or ACT scores, if applicable
- Current **official** (signed and sealed) transcript of college academic record, if applicable (print outs from the internet are **not** acceptable).
- Signature on Media Release Statement

2013 Lexington Clinic Fergus Hanson Memorial Scholarship Application

General Instructions:

- DO NOT omit any information
- Fill in ALL spaces
- If an item is not applicable, write N/A
- Type or print in blue or black ink

I. Personal Information

1. Name: _____
Last First Middle
2. Address: _____
Number and Street

City State Zip
3. Home Phone: (____) _____ Business Phone: (____) _____
Cell Phone: (____) _____ Email: _____
4. Are you a Kentucky resident? _____ If yes, for how many years? _____
Do you plan on working in Kentucky after completing your education? _____
5. Social Security Number: _____
6. If you are a dependent, please name a parent or guardian.
Name(s): _____
Address: _____
Number and Street City State Zip
Phone Number: (____) _____
8. Are you a previous recipient? _____ If yes, which year(s)? _____

II. Education and Training - Attach Official Transcripts

Begin with high school, then college(s), advanced degrees and/or specialized training

<i>School</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Degree</i>	<i>Major</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your Cumulative GPA? _____ out of _____ What is your ACT/ SAT score (please circle one) _____

III. Employment

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

<i>Employer</i>	<i>Title/Responsibility</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Community Involvement

List or describe community activities.

V. Observation

Have you worked, volunteered or observed in your field of study? If yes, please describe.

VI. Training Program (other than dentistry or veterinary medicine or pre-med/med school):

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

a. _____
Name City/State

b. _____
Name City/State

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

3. Description of Program: _____

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

5. Will you be attending school ____ Fall ____ Spring ____ Fall (Please insert academic year)

6. Estimated **Annual** Cost of Program:

School A Tuition: _____ Books: _____ Other: _____

School B Tuition: _____ Books: _____ Other: _____

7. Do you expect to receive scholarship or grant funding from any other sources? _____
If yes,
Source Amount

VII. 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 Fergus Hanson Memorial Scholarship.

Student Signature: _____ Date: _____

If student is under age 18:

Parent/Guardian Signature: _____ Date: _____

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

I, the undersigned, do hereby release and agree to hold harmless Lexington Clinic and Lexington Clinic Foundation from any liability of any use whatsoever of written copy in a media release promoting the Lexington Clinic Foundation and the Fergus Hanson Memorial 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 Memorial Scholarship.

Applicant Signature _____ Date _____

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

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

Signature _____ Date _____



Lexington Clinic
FOUNDATION
Since 1959

Health Education | Research | Philanthropy

Fergus Hanson Memorial Scholarship Reference Questionnaire

Scholarship Applicant's Name _____

Your Name _____ Title _____

Place of Work _____ Phone _____

Address _____

How long have you known the applicant? _____ year(s)

What is your relationship to the applicant? _____

Please rate the applicant on the following questions.

0 = Unknown, 1 = Very Poor, 2 = Poor, 3 = Average, 4 = Good, 5 = Outstanding

Rate the student's involvement/commitment to healthcare 0 1 2 3 4 5

Rate the student's academic potential 0 1 2 3 4 5

Rate the student's leadership ability 0 1 2 3 4 5

Rate the student's community service 0 1 2 3 4 5

Rate the student's character 0 1 2 3 4 5

Comments:

Signature _____ Date _____

Instructions: Thank you for completing the questionnaire. Please place questionnaire in a sealed envelope and return it to the student.

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 or other filer, see instructions LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.	Employer identification number (EIN) or 61-6037046
	Number, street, and room or suite no. If a P.O. box, see instructions. 1221 SOUTH BROADWAY	Social security number (SSN)
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2012** 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	\$	234.
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	\$	234.
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 Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.	Employer identification number (EIN) or 61-6037046
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 1221 SOUTH BROADWAY	Social security number (SSN)
	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013.**

5 For calendar year **2012**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER ALL INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN.

8a 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	8a	\$	234.
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 and any amount paid previously with Form 8868	8b	\$	234.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Nicole Graddy** Title **CPA**

Date **8-13-13**

Form 8868 (Rev. 1-2013)