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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

_	- OI U	e 2012 Caleridal year, or tax year beginning OC1 1, 2012 and	ending 2	EF 30, 2013								
В	Check i applical	C Name of organization		D Employer identifica	tion number							
	Addr chan	B LEXINGTON MEDICAL CENTER FOUNDATION, .	INC	57-09								
L	chan	pe │ Doing Business As										
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number									
	Term ated	2720 SUNSET BOULEVARD	(803)	791-2000								
	Ame retur			G Gross receipts \$	2,119,355.							
	Appl tion	* WEST COLUMBIA, SC 29169		H(a) is this a group retu	m							
	pend	F Name and address of principal officer:MICHAEL BIEDIGER		for affiliates?	Yes X No							
SAME AS C ABOVE H(b) Are all affiliates included? Yes												
T	Tax-e	rempt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a lis	t. (see instructions)							
_		ite: ► N/A		H(c) Group exemption r	·							
		f organization: X Corporation Trust 1 Association Other ►	L Year	of formation: 1990 M S								
	art I	Summary /			 							
_	1	Briefly describe the organization's mission or most significant activities. TO El	NSURE	THAT QUALITY	HEALTH							
Governance		SERVICES AND PATIENT, CENTERED CARE ARE AV	VAILAE	LE FOR THE P	EOPLE OF							
r.	2	Check this box If the organization discontinued its operations or dispos	sed of more	e than 25% of its net asse	ets.							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	23							
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21							
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0							
itie	6	Total number of volunteers (estimate if necessary)		6	95							
妄	7,	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.							
	 	Tree difficulties beginning taxable income from 1 only 656 1, line 61		Prior Year	Current Year							
4	8	Contributions and grants (Part VIII, line 1h)		1,041,834.	948,188.							
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		95,788.	139,914.							
æ	11	Other revenue (Part VIII, column (A), lines 5, 4, and 7d)		<29,801.>	<38,221.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,107,821.	1,049,881.							
_	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		402,081.	471,789.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.							
Expenses	160	Professional-rundralsing fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.							
per	وق الم	Total fundraising expenses (Part IX, column (D), line 25) 21,04	40. H									
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,937.	62,865.							
	11,	Total expenses Addines 1300 (must equal Part IX, column (A), line 25)		447,018.	534,654.							
	1/6	Revenue less expenses. Subtract line 18 from line 12	-	660,803.	515,227.							
, <u>P</u> §	3 1 3 5	Sheveride less expenses, Subrad file 16 from line 12	D.	eginning of Current Year	End of Year							
ets (20	Total assets Ran X, ilme 16	B	3,416,664.	4,180,406.							
Net Assets	21	Total assets than X, line 16) Total liabilities (Part X, line 26)	·	132,657.	34,526.							
let.	22	Net assets or fund balances. Subtract line 21 from line 20	⊢	3,284,007.	4,145,880.							
Ť	art II			3,201,0074	1/113/0001							
-		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the hest of my k	nowledge and helief it is							
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			nowicage and belief, it is							
<u> </u>	, 00110	Let 1/4 1/19 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	non propero	l Ø//	- /14							
∐ Zeia		Signature of officer		Date Date	\//							
Sig	jii **	MICHAEL BIEDIGER PRESIDENT/CEO			•							
چ	16	Type or print name and title	•									
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN							
Paid SHELLIE S. JOHNSON SHELLIE S. JOHNSON 08/15/14 self-employed P00294226												
Preparer Firm's name BAUKNIGHT PIETRAS & STORMER, P.A. Firm's EIN 57-09400												
	e Only	Firm's address 1517 GERVAIS STREET		111110 EIN								
551	,	COLUMBIA, SC 29201		Phone no. 80	3-771-8943							
<u> </u>	v tha	RS discuss this return with the preparer shown above? (see instructions)		I none no. O O	X Yes No							
IVI	y me	The discuss this return with the preparer shown above? (see instructions)			Form 990 (2012)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2012) LEXINGTON MEDICAL CENTER FOUNDATION, INC 57-0906045 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission. GIFTS FOR PATIENT CARE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code) (Expenses \$ 100,700 • including grants of \$) (Revenue \$ 215,084 •)
4a	(Code) (Expenses \$ 100,700 including grants of \$) (Revenue \$ 215,084 ·) THE EMERGENCY CARE FUND HELPS EMPLOYEES WHO NEED FINANCIAL ASSISTANCE
	IN AN EMERGENT SITUATION.
	IN AN EMERGENI SITUATION.
	127 000
4b	(Code) (Expenses \$ 127,000. including grants of \$) (Revenue \$ 127,000.)
	THE NURSING SCHOLARSHIP PROGRAM PROVIDES NUMEROUS NURSING SCHOLARSHIPS
	EACH YEAR FOR OUTSTANDING LOCAL NURSING STUDENTS. AFTER GRADUATION,
	MOST OF THE SCHOLARSHIP RECIPIENTS JOIN THE NURSING STAFF AT LEXINGTON
	MEDICAL CENTER.
	100 000
4c	(Code) (Expenses \$ 49,174. including grants of \$) (Revenue \$ 128,979.)
	THE WE CARE PROGRAM PROVIDES EQUIPMENT AND ITEMS TO ENHANCE PATIENT
	CARE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 194,915. including grants of \$) (Revenue \$ 83,316.)
_4e	Total program service expenses ► 471,789.

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LEXINGTON MEDICAL CENTER FOUNDATION, INC Form 990 (2012) LEXINGTON ME
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
~	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	i	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	- 3		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			2. 4
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٠,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		_U	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ᆣ	<u> </u>	
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			Į
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27	. \	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		e * *£	4
	instructions for applicable filing thresholds, conditions, and exceptions).		<u></u>	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	ĺ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2012)

Form 990 (2012) LEXINGTON MEDICAL CENTER FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

Senier the number reported in Box 3 of Form 1086, Enter 0- if not applicable 1		Check if Schedule O Contains a response to any question in this Part V			
b Enter the number of Forms W2G included in line 1a. Enter 0-f. not applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) winnings to prize winness? 2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendary pear ending with or within the year covered by this return bill at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. If If vies, I have und lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3c. Views, I will be calendary pear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c. Views, enter the name of the foreign country. Will be a bank account, securities account, or other financial accounts? 5d. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d. Did any tixable party north the organization that it was or is a party to a prohibitoriors for the region country. Will be 3d. Views, in the organization has a transaction at any time during the transaction? 6d. Views, to line 5a or 5b, did the organization file Form 8886-17 6d. Did any tixable party north the organization that it was or is a party to a prohibition or any contributions that were not tax eductible as charitable contributions? 6d. Views, to line 5a or 5b, did the organization file Form 8888-17 6d. Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicity any contributions that were not tax eductible as charitable contributions? 6d. Views, to the organization shall were not tax eductible as charitable contributions? 6d. Did the organization shall were not tax eductible as charitable contributions? 6d. Did the organization shall receive the				Yes	No
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) without provided for the calendar year ending with or within the year covered by this return. In it all east on a reported on line 2a, did the organization free if required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dump the year? 3a X X 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," and the dump the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 3c If "Yes," an interest in, or a signature or other authority over, a financial account in a foreign country. Some of the organization in the region country. 3c If "Yes," a fine the name of the foreign country. Some or the country of the organization in the foreign country. Some or the organization and interest in, or a signature or other authority over, a financial account in a foreign country. Some or the organization and interest in or a signature or other authority over, a financial account in a foreign country. Some organization are a bank account, securities account, or other financial account(? 4a X X 5b If "Yes," a fine the manner of the foreign country. Some organization and party to a prohibited tax sheller transaction? 5c If "Yes," to line So are of So, did the organization file form that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to line So are official to a contribution of a party to a prohibited tax sheller transaction? 5c If "Yes," to line So are organization shell and the organ	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12			
Gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Bit If Ves. In site the a form 950-71 for they year If If No., provide an explanation in \$5chedule O Did the organization have unrelated business gross income of \$1,000 or more during the year? Bit If Ves. If the sum of the foreign country (such as a bank account; securities account, or other financial account)? Bit If Ves. If the replacements for Form 15 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for Form 15 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for Form 15 90-22.1, Report of Foreign Bank and Financial Accounts. Bit If Ves. If the Sa of \$5, did the organization file Form 8888-7? Did any contributions that were not fax deductible in the way or is a prize than \$100,000, and did the organization solicit any contributions that were not fax deductible or this prize that are normally greater than \$100,000, and did the organization solicit any contributions that were not fax deductible contributions under section 170(c). Did the organization include with every solicitation an express statement that such contributions or grifts were not fax deductible? Did the organization received a point in excess of \$15 made partly six confidence and partly for goods and services provided? To yearnization received and contribution of causified milesticulal property, did the organization file Form 889 as requ	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
the de for the calendar year ending with or within the year covered by this return 1		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 but the organization have unrelated business gross income of \$1,000 or more during the year? 31 b If *Yes,* has it filed a Form 990-T for this year? If *Yes,* provide an explanation in Schedule O 32 b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 32 b If *Yes,* there the name of the foreign country ★	2a				
Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? b if "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accountly. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax sheller fransaction at any time during the tax year? 5a Did any tixebile party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5b If "Yes," to line 5a or 5b, dolf the organization that it was or is a party to a prohibited tax sheller transaction? 5b If "Yes," to line 5a or 5b, dolf the organization file Form 8886-17 c organizations that were not tax deductible as charitable contributions? 5c If Yes, "I do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 9c Indie organization retires a payment in excess of \$75 made party as a contribution of any party for goods and services provided to the payor? 7a X To Did the organization retires a payment in excess of \$75 made party as a contribution of party for goods and services provided? 9c Did the organization receive a payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of the contribution of the contribution of the contribution of the contribution of the payment of the payment of the payment of the payment of the payment of the payment		filed for the calendar year ending with or within the year covered by this return			
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	_			990	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, .	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Mark the state of	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The state of the s	15a	X	
		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	ıd fınar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ıtıon: 🕽	-	
	LEXINGTON MEDICAL CENTER ACCOUNTING - (803) 791-2000			
	2720 SUNSET BOULEVARD, WEST COLUMBIA, SC 29169			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to an	nv question in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	0.90			2)		1001	(D)	(E)	(F)
Name and Title	Average hours per week	box,	(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT CALLIS	1.00	37							250 400	10 052
BOARD MEMBER	1 00	X		\vdash				0.	258,408.	19,253.
(2) FRED JOHNSTON	1.00							0.	0.	0
BOARD MEMBER	1.00	X	<u> </u>	ļ	 			0.	U.	0.
(3) DEBBIE KNIGHT	1.00	, .		l				0.	0.	0
BOARD MEMBER	1 00	X	<u> </u>	\vdash	_	├	<u> </u>	0.	U •	0.
(4) ATHENA J. LEVENTIS	1.00	x						0.	0.	^
BOARD MEMBER	1.00	Δ	-	┝	├	-	_	0.	0.	0.
(5) HUEY LONG	1.00	x						٥.	0.	0.
BOARD MEMBER	1.00	^		_	<u> </u>		-	0.	0.	<u> </u>
(6) STEVEN MUNGO	1.00	x				ł		0.	0.	0.
BOARD MEMBER (7) CATHY NOVINGER	1.00	^						· ·	0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(8) E.L. POOSER	1.00	Α.		-			├			
BOARD MEMBER	1.00	x						٥.	0.	0.
(9) JOHN R. ROOF	1.00	^		\vdash	├	├			0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(10) BILL STILLWELL, JR.	1.00	<u> </u>				-		•		
BOARD MEMBER	1.00	x						٥.	0.	0.
(11) RANDALL SUAREZ	1.00		-	-	-	-	-	<u> </u>		
BOARD MEMBER		x			ļ			٥.	582,938.	20,079.
(12) REETA WHITEHEAD	1.00				H		_		002,000	
BOARD MEMBER		x						0.	0.	0.
(13) BUTCH WALLACE	1.00								,	
BOARD MEMBER		x					1	0.	0.	0.
(14) LYMAN WHITEHEAD	1.00	T			\vdash					
BOARD MEMBER		X						0.	0.	0.
(15) MICKEY LINDLER	1.00	T	T	T	<u> </u>	T				
BOARD MEMBER		X						0.	0.	0.
(16) JOHN SPALDING	1.00									
BOARD MEMBER		X		L			L	0.	0.	0.
(17) HAROLD WRAY	1.00									
BOARD MEMBER		X						0.	0.	0.

(A)		эюу	ees.			gne	St C					/E\	
Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable	,		(F)	- d
Name and title	hours per	(do not check more than one box, unless person is both an						compensation compensation			Estimated amount of		
	week					or/trus		from	from related			other	
	(list any	Sctor						the	organization		com	pensa	tion
	hours for	or di	يو			ated	ŀ	organization	(W-2/1099-MI	SC)		om th	_
	related organizations	ustee	truste		ىو	bens		(W-2/1099-MISC)		ĺ	-	anızat	
	below	ualtr	iona		ploye	E S				ĺ		d relat anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o.g.	ai ii Lati	0110
(18) SCOTT ADAMS	1.00	_	T		_		<u> </u>						
BOARD MEMBER		Х						0.		0.			0.
(19) BERT HOLLAND	1.00												_
BOARD MEMBER	1 00	Х						0.		0.			0.
(20) THAD WESTBROOK	1.00	l								0.			^
CHAIRPERSON	1.00	-	┢	X	-	 	-	0.		<u> </u>			0.
(21) JUSTIN STRICKLAND VICE-CHAIR	1.00	ł		x				0.		ο.			0.
(22) BRENT MACKIE	1.00	┢	╁┈	^	-	╁╾	╁						•
SECRETARY	1.00	l		x				0.		0.			0.
(23) DONNY BURKETT	1.00	_	┢										
TREASURER		1		x	ļ	1	1	0.		0.			0.
(24) MICHAEL J. BIEDIGER	1.00												
PRESIDENT/CEO	40.00	L		Х		<u> </u>		0.	981,6	98.	13	7,0	06.
(25) MELINDA KRUZNER	1.00			l							_		
CHIEF FINANCIAL OFFICER	40.00	╙	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	X		igspace	_	0.	630,2	13.	7	1,3	60.
(26) TOD AUGSBURGER	1.00			۱					601 5	2	ہ ا	~ <i>c</i>	1 0
CHIEF OPERATING OFFICER	40.00	<u> </u>		X	<u> </u>	Ļ	<u> </u>	0.			21	<u> </u>	10.
1b Sub-total								0.					
c Total from continuation sheets to Part V	II, Section A							0.					$\frac{99.}{07.}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	act limited to th		Lieta	- d a	hov	<u>ح</u>	ho r	<u> </u>				5,0	07.
compensation from the organization	or minited to ti		iist	Jua	DOV	C) W		cceived more triair wrot	o,ooo or reportat				0
												Yes	No
3 Did the organization list any former officer.			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				- X
line 1a? If "Yes," complete Schedule J for s										•	3		X
4 For any individual listed on line 1a, is the si									the organization	1		X	- -
and related organizations greater than \$15											4	<u> </u>	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•					,	reiai	ted organization or indiv	idual for services	>	5	~	x
Section B. Independent Contractors	ipiete denedui			30,,	per	3077							
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of cor	mpens	ation	from	•
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	vithi	n the organization's tax	year.				
(A)								(B)		ا ا)	
Name and business	address	<u>N</u>	ON	<u> </u>				Description of s	services		compe	nsatio	n
							l						
		—								\vdash			
2 Total number of independent contractors (including but r	not I	ımıte	d to	the	ose I	ste	d above) who received r	nore than				

LEXINGTON MEDICAL CENTER FOUNDATION, INC 57-0906045

			_					Composed Smale		0043
	1	npic	oyee			ligh	est			/ D
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	ر ا	Position check all that apply)				1. 1.	Reportable	Reportable	Estimated amount of
	hours	(CI	necr	anı	mat	app	iy)	compensation from	compensation from related	other
	per week			l l		9,		the	organizations	compensation
	(list any	į				ploy		organization	(W-2/1099-MISC)	from the
	hours for	a a				E P		(W-2/1099-MISC)	(11 2 1000 111100)	organization
	related	ě	Ste			nsate		(11 2) 1000 111100,		and related
	organizations	trust	a fr		yee	m be				organizations
	below	dual	를		mpfo	st co	e.			_
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ		
(27) TIMOTHY JAMES	1.00	-	┢							
EXECUTIVE DIRECTOR	40.00			x				0.	207,929.	7,461.
(28) KELLY COX	1.00	\vdash			\vdash	М				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VICE PRESIDENT OF FINANCE	40.00	ł			х			0.	233,589.	19,464.
· · · · · · · · · · · · · · · · · · ·	1.00	├	┢	Н	*	\vdash		•	233,303.	17,404.
(29) GLEN STRICKLAND		ł				┰		0.	1 027 045	20 060
	40.00	<u> </u>		Ш		Х		0.	1,037,045.	20,868.
(30) JEFFREY TRAVIS	1.00								000 000	06 081
	40.00	<u> </u>	ļ	Ш		X		0.	880,292.	86,971.
(31) MARC ANTONETTI	1.00	Į							1 044 135	00 105
	40.00	<u> </u>		Ш	L	Х	L_	0.	1,041,137.	23,127.
(32) QUILLIN DAVIS	1.00									
	40.00					X		0.	1,742,995.	26,316.
(33) JAMES MCINTOSH	1.00]								
	40.00					X	<u> </u>	0.	1,409,620.	21,292.
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		1	1	1	1	1	1			
		Ц_			<u> </u>	1	1			
Table Data III Control A 1-1-1-									6,552,607.	205 499
Total to Part VII, Section A, line 1c	•							<u> </u>	7,332,007.	100/400

Form **990** (2012)

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			Check if Schedule O cont	tains a response t	to any question i	n this Part VIII			
1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts str	1 8	a	Federated campaigns	1a					,
lg ä	i	b	Membership dues	. 1b	85,783.				
P,G		С	Fundraising events	1c	34,970.				
# F		d	Related organizations	1d					
S,E			Government grants (contribut	tions) 1e					
ig iz			All other contributions, gifts, gran						ļ ,
돌림			similar amounts not included abo		827,435.				
풀		g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		•	948,188.			
		•	Totali / too ii//oo / to //		Business Code				
	2 :	a				-		-	
용.		b					<u> </u>		
Program Service Revenue		c							<u> </u>
		d							<u> </u>
		_		· · · · · · · · · · · · · · · · · · ·					<u> </u>
۳		•	All other program service reve	enue					<u> </u>
		~	Total. Add lines 2a-2f	citac					
	3	ч_	Investment income (including	ı dıvidends ıntere	est and				
	•		other similar amounts)		_	57,089.			57,089.
	4		Income from investment of ta		•			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	5		Royalties	ix-exempt bond p	lioceeds -				
	9		noyaliles	(ı) Real	(ii) Personal				
		_	Cross route	10 ricai	(ii) i ersonar				1
	6		Gross rents						
			Less: rental expenses	· -					
			Rental income or (loss)		<u> </u>				
			Net rental income or (loss)	(3. Canaumtuna			 		
	•	а	Gross amount from sales of	(i) Securities 959,294.	(II) Other				!
			assets other than inventory	333,234.					
		D	Less: cost or other basis	876,469.					
			and sales expenses	82,825.					· ·
			Gain or (loss)	02,023.	<u> </u>	82,825.			82,825.
			Net gain or (loss)		· <u></u>	02,023.			02,023.
enne	8	а	Gross income from fundraisir including \$ 34,5						
Other Rev			contributions reported on line	e 1c). See	154 504				
e_			Part IV, line 18	а	154,784.				
둙		þ	Less direct expenses	. b	193,005.				1 20 201
•		С	Net income or (loss) from fun	draising events		<38,221.	· P		<38,221.
	9	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19	. a					!
		b	Less: direct expenses	. b					
			Net income or (loss) from gar				ļ		
	10	а	Gross sales of inventory, less	s returns					1
			and allowances	а					· ·
	ŀ	b	Less cost of goods sold	b					
		c	Net income or (loss) from sal	es of inventory					
			Miscellaneous Reven	ue	Business Code		į į		
	11	а							ļ
		b							
		C		 					ļ
		d	All other revenue						ļ
		е	Total. Add lines 11a-11d		>		ļ		104 600
	12		Total revenue. See instructions.	•	•	1,049,881.	0.	0.	101,693.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon		s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	342,789.	342,789.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	129,000.	129,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees).	,		:	
а	Management .				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses .	2,741.		2,741.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,512.		1,512.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,540.			9,540.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	33,623.		33,623.	
b	VELOPID CUITO DEVENTO COVENIO	6,125.			6,125.
c	CDDAVED DDDC	5,375.			5,375.
d	CORCELL ACCULTULES	3,463.		3,463.	·
	All other expenses	486.		486.	
25	Total functional expenses. Add lines 1 through 24e	534,654.	471,789.	41,825.	21,040.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

Part 2	X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	1		
3			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	760,446.	1	1,048,389.
2	2	Savings and temporary cash investments	669,843.	2	127,442.
:	3	Pledges and grants receivable, net	280.	3	0.
		Accounts receivable, net	34,984.	4	32,742
(5	Loans and other receivables from current and former officers, directors,			,
		trustees, key employees, and highest compensated employees. Complete			
1		Part II of Schedule L		5	
(6	Loans and other receivables from other disqualified persons (as defined under			
ĺ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary		_	
.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ribeer.	7	Notes and loans receivable, net		7	
ž 8	8	Inventories for sale or use .		8	
•	9	Prepaid expenses and deferred charges .	0.	9	2,750
10	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation . 10b		10c	
11	1	Investments · publicly traded securities	1,883,081.	11	2,778,530
12	2	Investments - other securities. See Part IV, line 11		12	
1:	3	Investments · program-related. See Part IV, line 11		13	
14	4	Intangible assets .		14	400 550
1:	5	Other assets. See Part IV, line 11	68,030.	15	190,553
	6	Total assets. Add lines 1 through 15 (must equal line 34)	3,416,664.	16	4,180,406
1	7	Accounts payable and accrued expenses	23,734.	17	22,539
18	8	Grants payable		18	
19	9	Deferred revenue .		19	
20	0	Tax-exempt bond liabilities .		20	<u> </u>
g 2	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	2	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
.		Complete Part II of Schedule L		22	
2		Secured mortgages and notes payable to unrelated third parties .		23	
2		Unsecured notes and loans payable to unrelated third parties		24	
2	:5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	108,923.	_ ا	11,987
	_	Schedule D	132,657.	25 26	34,526
 2	6	Total liabilities, Add lines 17 through 25	132,037.	26	34,320
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ő <u> </u>	_	complete lines 27 through 29, and lines 33 and 34.	1,661,244.	27	1,256,607
		Unrestricted net assets	1,274,763.	28	2,541,273
	8	Temporarily restricted net assets .	348,000.	29	348,000
] Z	9	Permanently restricted net assets	340,000.	25	320,000
		Organizations that do not follow SFAS 117 (ASC 958), check here			
; ,		and complete lines 30 through 34.		30	
3	10	Capital stock or trust principal, or current funds		31	
3	11	Paid-in or capital surplus, or land, building, or equipment fund		32	
ÿ	2	Retained earnings, endowment, accumulated income, or other funds	3,284,007.	33	4,145,880.
3	13	Total net assets or fund balances	3,416,664.		4,180,406
13	4	Total liabilities and net assets/fund balances	3/410/004	1 34	Form 990 (2012

	990 (2012) LEXINGTON MEDICAL CENTER FOUNDATION, INC	57-09	06045	Pag	<u>e 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
			4 0 4 4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,049		
2	Total expenses (must equal Part IX, column (A), line 25)	2	534		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 22	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,284		
5	Net unrealized gains (losses) on investments	5		, 58	
6	Donated services and use of facilities	6	540	,17	74.
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<427	,11	<u> 10.</u> ;
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,145	, 88	<u>80.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		,		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			i
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis		-		
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			1
	consolidated basis, or both.		1 1		ļ
	Separate basis X Consolidated basis Both consolidated and separate basis		1 1		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				İ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt		-	
	Act and OMB Circular A-133?		3a	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form 9	J YU (2	2 012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 57-0906045 LEXINGTON MEDICAL CENTER FOUNDATION. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** X Type II d Type III - Non-functionally integrated c Type III - Functionally integrated ∟ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X 11g(i) the governing body of the supported organization? $\overline{\mathbf{x}}$ (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (v) Did you notify the (iv) Is the organization (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN ganization in col. in col. (i) fisted in your organization in col. (described on lines 1-9 support organization (i) organized in the U.S.? governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Yes No 170(B)(1)(A) LEXINGTON HEALTH SERVI57-0874077 X X X 0.

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A	(Form	agn	or 990.	E7\ 2012	
scheaule A I	ronn	990	or aan	·CZ) ZU [Z	

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 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.") 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 Total. Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 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 carned 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u> </u>	<u> </u>
	Schedule A (Form 990 or 990-E	Z) 201	2

Schedule A' (Form 990 or 990-EZ) 2012 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 i	oelow, please com	plete Part II)				
Section A. Public Support	-		···		·····	
Calendar 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		j		1	1	
include any "unusual grants.")]			1	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					ŀ	
4 Tax revenues levied for the organ-			<u> </u>			
ization'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				<u></u>	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		 			1	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support	<u> </u>		•		•	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		<u> </u>	<u> </u>			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)						
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2012			column (f))		15	%
16 Public support percentage from 201	-	-	· · · · · · · · · · · · · · · · · · ·	•	16	%
Section D. Computation of Inve)		1 ** 1	
					17	%
17 Investment income percentage for 218 Investment income percentage from			10, 00101111 (1))	•	18	<u> </u>
19a 33 1/3% support tests - 2012. If th			on line 14 and lin	a 15 is more than		
						., is not
more than 33 1/3%, check this box						and P
b 33 1/3% support tests - 2011. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	ion did not check a	1 DOX ON IME 14, 19	a, or 190, check t	ilis dox and see if	ISTRUCTIONS	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization

Employer identification number

	LEXINGTON MEDICAL					<u> 57-0906</u>	
Pai	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar F	unds or A	ccour	nts.Complete if	the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.					
		(a) Do	onor advised funds	(b) Fund	s and other acco	ounts
1	Total number at end of year						
2	Aggregate contributions to (during year)		· · · · · ·				
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that th	a seeste hald in donoi	advised fur	de		·
Ū	are the organization's property, subject to the organization's	_		advisca idi	143	Yes	□ No
6	Did the organization inform all grantees, donors, and donor	-		an he used :	only	163	III 140
•	for charitable purposes and not for the benefit of the donor		• •		•		
	impermissible private benefit?	or donor advis	ior, or for any other pu	ipose come	ııııg	Yes	☐ No
Pai		ranization and	wered "Ves" to Form	990 Part IV	line 7		110
1	Purpose(s) of conservation easements held by the organizat			550, r art 1 v ,	ui 10 7.		
•					h		
	Preservation of land for public use (e.g., recreation or	education)	Preservation of				
	Protection of natural habitat		Preservation of	a certified n	ISTORIC ST	ructure	
_	Preservation of open space	£		4			
2	Complete lines 2a through 2d if the organization held a qual	med conserva	tion contribution in the	form of a co	onservat	ion easement on	the last
	day of the tax year.					11-14-A45-F-4-4	h - T V
	Table 1					Held at the End of t	ine lax year
a	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified historic st		, ,		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06	and not on a historic	structure			
_	listed in the National Register				2d		<u> </u>
3	Number of conservation easements modified, transferred, re	eleased, exting	juished, or terminated	by the organ	nization	during the tax	
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		ing, inspection, handli	ng of			
	violations, and enforcement of the conservation easements					Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting						
7	Amount of expenses incurred in monitoring, inspecting, and	-				-	_
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the	requirements of section	n 170(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?					· L—J Yes	└─ No
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organization	ation's financia	al statements that desc	cribes the or	ganizatı	on's accounting f	or
100	conservation easements.	A A 1	- wi - al Tua - a	Odl	O::I-		
Pai	t III Organizations Maintaining Collections of			or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116 (A						
	historical treasures, or other similar assets held for public ex			rtherance of	public s	service, provide, i	in Part XIII,
	the text of the footnote to its financial statements that descri						
ь	If the organization elected, as permitted under SFAS 116 (A	•					
	treasures, or other similar assets held for public exhibition, e	education, or r	esearch in furtherance	of public se	rvice, pr	ovide the followi	ng amounts
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historical tre				provide		
	the following amounts required to be reported under SFAS	116 (ASC 958)	relating to these items	s:			
а	Revenues included in Form 990, Part VIII, line 1				▶ \$		
h	Assets included in Form 990, Part X				▶ \$		

		ON MEDICAL					06045 Page 2
Par							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	sıgnıfic	ant use of its	collection items
	(check all that apply):						
а	Public exhibition	d	Loan or excl	nange programs			
b	Scholarly research	е	U Other				
C	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exi	empt p	urpose in Par	t XIII.
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar asse	ts	
	to be sold to raise funds rather than to be ma						Yes No
Par		-	ete if the organization	n answered "Yes" to	Form	990, Part IV,	ine 9, or
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t inclu	ded	_ _
	on Form 990, Part X?			•		L	」Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table [.]		_		
					<u> </u>		Amount
С	Beginning balance				Ľ	c	
d	Additions during the year				Ľ	lđ	
е	Distributions during the year .					le	
f	Ending balance .				Ľ	1f	
	Did the organization include an amount on Fe						」Yes No
_	If "Yes," explain the arrangement in Part XIII.			•			
Par	t V Endowment Funds. Complete r						Table 1
		(a) Current year	(b) Prior year	(c) Two years back	(d) In	ree years back	(e) Four years back
1a	Beginning of year balance	348,000.	348,000.	348,000.		348,000.	348,000.
b	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	349.000	349 000	349 000		249 000	349 000
g	End of year balance	348,000.	348,000.	348,000.	L.,	348,000.	348,000.
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a	a)) neid as:			
	Board designated or quasi-endowment		%				
	Permanent endowment ► 100.00	%					
С	Temporarily restricted endowment	%					
_	The percentages in lines 2a, 2b, and 2c should be a second and the second secon		-4 464 6		4 h.a.a.u		
за	Are there endowment funds not in the posses.	ession of the organiz	ation that are neid a	na administered for	the org	janization	Yes No
	by:						
	(i) unrelated organizations					•	
	(ii) related organizations		- Cabadula DO				3a(ii) X 3b
	If "Yes" to 3a(ii), are the related organizations. Describe in Part XIII the intended uses of the	•					30
Par							
· ai	<u></u>	(a) Cost or o	1	or other (c)	Accum	ulated	(d) Book value
	Description of property	basis (investr	1 ' '		eprecia		(a) DOOK Value
10	Land	223.0 (,,			
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. column (B), line 1	10(c))			0.

Schedule D (Form 990) 2012 LEXINGTON M	EDICAL CENT	ER FOUNDATION	I, INC 5	7-0906045	Page 3
Part VII Investments - Other Securities. Se					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or e	nd-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related. Se	ee Form 990, Part X, Iin	e 13.			
(a) Description of investment type	(b) Book value		luation: Cost or e	nd-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	,		 	 -	
(7)					
(8)				, , ,	
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15				
	Description		 	(b) Book va	lue
(1)					
(2)		· · · · · · · · · · · · · · · · · · ·			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)		 			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin				<u>> </u>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(h) Dook volvo			
1. (a) Description of liability		(b) Book value			1
(1) Federal income taxes (2) DUE TO LEXINGTON MEDICAL	CENTER	11,987.			į
	CENTER	11,30/			1
(3)					
(4)					
(5)					
<u>(6)</u> (7)					ĺ
(8)					j
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	11,987.			
2 FIN 48 (ASC 740) Footpote In Part XIII, provide the te			etatemente that r	oporto the organiza	tion's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2012 LEXINGTON MEDICAL CENTER FOUNDA			0906045	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	th Revenue per Re	eturr	1	
1	Total revenue, gains, and other support per audited financial statements	Ĺ	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments				
b	Donated services and use of facilities . 2b]		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d .	L	2e		
3	Subtract line 2e from line 1	L	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	Ļ	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		_5_		
Par	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per I	Retu	irn	
1	Total expenses and losses per audited financial statements	<u> </u>	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1			
а	Donated services and use of facilities . 2a				
b	Prior year adjustments . 2b				
C	Other losses 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	Ĺ	4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
	rt XIII Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4; Part IV, lines 1b	and:	2b; Part V, line	4; Part
	ne 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a				
PAR	RT X: THE ORGANIZATION DOES NOT HAVE ANY UNCER	TAIN TAX POS	SIT	IONS UND	ER
FIN	N 48. THE ORGANIZATION HAS NOT RECORDED ANY RE	SERVES OR RI	ELA'	TED	
ACC	CRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN	I INCOME TAX	PO	SITIONS.	
		-			

SCHEDULE G (Fdrm 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 57-0906045 LEXINGTON MEDICAL CENTER FOUNDATION, INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, Mail solicitations ☐ Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants c Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes _ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts fundraiser have custody to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization or control of contributions listed in col. (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G'(Form 990 or 990-EZ) 2012 LEXINGTON MEDICAL CENTER FOUNDATION, INC57-0906045 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events WOMEN'S SPEAKER (add col. (a) through EVENT NIGHT OUT col. (c)) (event type) (event type) (total number) Revenue 73,802. 64,446. 51,506. 189,754. Gross receipts 34,970. 25,778. 9,192. 2 Less: Contributions 64,446. 42,314. 154,784. 48,024. 3 Gross income (line 1 minus line 2) Cash prizes 33,128. 33,128. Noncash prizes Direct Expenses 7,011. 8,796. 17,614. 33,421. Rent/facility costs 98,742. 30,564. 35,591. 32,587 Food and beverages Entertainment 9,583. 8,862. 9,269 27,714. Other direct expenses 193,005 10 Direct expense summary. Add lines 4 through 9 in column (d) <38,221. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: _ Yes a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012 LEXINGTON MEDICAL CENTER FOUNDATION, IN	IC57-0906045 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name ▶	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	nount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, c	olumns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	information (see instructions).

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

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0 1545-004	10
Ž S	7
	l

Open to Public Inspection

ı

▶ Attach to Form 990.

Employer identification number 57-0906045 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. CENTER FOUNDATION, INC LEXINGTON MEDICAL General Information on Grants and Assistance cnteria used to award the grants or assistance? Name of the organization Part I

n the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any dditional space is needed.	n (d) Amount of (e) Amount of valuation (book, cash grant non-cash assistance assistance other)	WECARE PROVIDES SUPPORT WITH ITEMS THAT ENHANCE PATIENT CARE AND PARTNERS V) 49,174, 0.			
janization answered	(f) Method of valuation (book, FMV, appraisal, other)				
[Part II.] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(e) Amount of non-cash assistance	°o			
	(d) Amount of cash grant	49,174.			
l Organizations in the be duplicated if additi	(c) IRC section f applicable	170(B)(1)(A)(V)			
Governments and 5.000. Part II can	(b) EIN	57-0874077			
	1 (a) Name and address of organization or government	LEXINGTON MEDICAL CENTER 2720 SUNSET BLVD WEST COLUMBIA, SC 29169			

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

3 Enter total number of other organizations issued in the For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

232101 12-18-12

Schedule | (Form 990) (2012)

LEXINGTON MEDICAL CENTER FOUNDATION, INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. LEXINGTON MEDICAL CENTER FOUNDATION, INC

Page 2

57-0906045

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	09	•0	127,000.		
olemental Information. Complete this part to p	le the information	required in Part I, I	Part I, line 2, Part III, columi	t III, column (b), and any other additional inf	ormation.
SIPIE	BASED	DOPEND ON INFO		E	
APPLICATION. THE CHECKS ARE MADE	PAYABLE	TO THE SCH	SCHOOL TO ENSURE	URE MONEY IS	
USED TOWARD EDUCATION.	1				
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:		LEXINGTON MEDICAL CENTER	L CENTER		

(H) PURPOSE OF GRANT OR ASSISTANCE: WECARE PROVIDES SUPPORT WITH ITEMS

THAT ENHANCE PATIENT CARE AND PARTNERS PROGRAM PROVIDES INTERNSHIPS FOR

Schedule I (Form 990) (2012)

Schedule I (Form 990) Part IV Supplemental	LEXINGTON	MEDICAL	CENTER	FOUNDATION,	INC	57-0906045	Page 2
Part IV Supplemental	Information		<u>.</u>				
APROXIMATELY 60	COLLIDENTO						
APROXIMATEDI 00	DIODENIS						
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		···-	 				_
							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

LEXINGTON MEDICAL CENTER FOUNDATION,

Employer identification number 57-0906045

INC

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		-	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			[,]
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		İ		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	, , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		İ	
а	The organization?	5a		X
	Any related organization?	5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III.			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			į
·	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		 	
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Pegulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) ROBERT CALLIS	€	0	0	0	0	0	0	0
BOARD MEMBER	<u> </u>	237,088.	.000,00	1,320.	1,417.	17,836.	277,661.	0
(2) RANDALL SUAREZ	ε	0	0	• 0	• 0		• 0	0
BOARD MEMBER	<u> </u>	561,298.	20,375.	1,265.	1,424.	18,655.	603,017.	0
(3) MICHAEL J. BIEDIGER	ε	1	1			- 1	4	0.
PRESIDENT/CEO	▣	695,25	247,90	38,54	117,34	19,661.	1,118,704.	
(4) MELINDA KRUZNER	Ξ							
CHIEF FINANCIAL OFFICER	▣	450,08	125,00	55,13	51,84	19,514.	701,573.	:
(5) TOD AUGSBURGER	Ξ						,	
CHIEF OPERATING OFFICER	(ii)	451,56	125,00	44,94	43,096.	19,514.	684,116.	0
(6) TIMOTHY JAMES	(i)	0			0			0
EXECUTIVE DIRECTOR	Ξ	171,016.	25,000.	11,913.	0	7,461.	215,390.	0.
(7) KELLY COX	ε	0			• 0			0
VICE PRESIDENT OF FINANCE	(ii)	205,136.	22,500	5,953	11,660.	7,804.	253,053.	0
(8) GLEN STRICKLAND	(ι)		• 0	0	0			0.
	(ii)	1,035,725.	0	1,320.	1,428.	19,440.	1,057,913.	0
(9) JEFFREY TRAVIS	Ξ		0					0
	€	879,027.		1,265.	70,702.	16,269.	967,263.	0
(10) MARC ANTONETTI	(<u>i</u>)		* 0		0.			0
	(ii)	1,039,817.	• 0	1,320.	1,435.	21,692.	1,064,264.	0
(11) QUILLIN DAVIS	(I)			0				0
	(ii)	1,726,32	16,66	0.	1,429.	24,887.	1,769,311.	0
(12) JAMES MCINTOSH	Ξ			0.				0
	(ii)	1,378,651.	·696′0E	0	1,415.	19,877.	1,430,912.	0
	(9)							
	≘							
	Ξ							
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	Ξ							
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	Ξ							
	⊞							

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 LEXINGTON MEDICAL CENTER FOUNDATION, INC 57-0906045

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B: THE FOLLOWING INDIVIDUALS PARTICIPATED IN A	
SNTAL NON-	
. 0	
Schedule J (Form 990) 2012) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

OMB No 1545-0047

2012
Open to Public Inspection

Name of the organization

LEXINGTON MEDICAL CENTER FOUNDATION, INC

Employer identification number 57-0906045

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MIDLANDS THROUGH THE DEVELOPMENT OF PHILANTHROPIC RESOURCES ON A

SUSTAINING BASIS TO SUPPORT LEXINGTON MEDICAL CENTER.

THE CANCER CARE FUND PROVIDES A VARIETY OF CARE PROGRAMS FOR IN-NEED

PATIENTS ENABLING PATIENTS TO MAINTAIN THEIR FOCUS ON HEALING. PROGRAMS

VARY FROM YEAR TO YEAR, BUT INCLUDE VITAL MEDICATION PURCHASE,

PREVENTATIVE SCREENINGS, POST-SURGICAL KITS AND FINANCIAL ASSISTANCE.

EXPENSES \$ 93,594. INCLUDING GRANTS OF \$ 0. REVENUE \$ 83,316.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM ACTIVITIES

EXPENSES \$ 101,321. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: BEFORE FORM 990 IS FILED, THE BOARD MEMBERS HAVE BEEN GIVEN AN OPPORTUNITY TO REVIEW IT IN THE ORGANIZATION'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH THEIR CORPORATE COMPLIANCE OFFICER AND HOTLINE (ANONYMOUS TIPS).

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION CONTRACTS WITH AN INDEPENDENT CONSULTANT TO RESEARCH SALARIES FOR DIRECTORS AND KEY

EMPLOYEES. THEN THE BOARD DETERMINES THE SALARIES.

Schedule O (Form 990 or 990-EZ) (2012)			Page 2
Name of the organization LEXINGTON MEDICAL C	ENTER FOUNDATIO	N, INC	Employer identification number 57-0906045
FORM 990, PART VI, SECTION C, LIN	E 19: THE ORGAN	IZATION N	MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY	, AND FI	NANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQU	EST.	<u></u>	
FORM 990, PART XI, LINE 9, CHANGE	S IN NET ASSETS	l:	
DONATED SERVICES AND USE OF FACIL	ITIES		-540,174.
NON-CASH CONTRIBUTION OF PERSONAL	RESIDENCE	· · · · · · · · · · · · · · · · · · ·	113,064.
TOTAL TO FORM 990, PART XI, LINE	9		-427,110.
FORM 990, PART XII, LINE 2C:			
THE BOARD ASSUMES RESPONSIBILITY	FOR THE FINANCI	AL STATE	MENTS.
			
	.		
		-	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

➤ See separate instructions.

2012 Open to Public Inspection

OMB No 1545-0047

LEXINGTON MEDICAL CENTER FOUNDATION, INC

Employer identification number 57-0906045

Schedule R (Form 990) 2012 (g) Section 512(b)(13) ŝ × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets e status (if section 170(B)(1)(A) Public charity 501(c)(3)) Total income Exempt Code € section ਉ N/A Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) SOUTH CAROLINA HOSPITAL AND HEALTH CARE Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. LEXINGTON MEDICAL CENTER - 57-0874077 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 29169 WEST COLUMBIA, SC 2720 SUNSET BLVD Part Part

232161 12-10-12 LHA

57-0906045

Page 2

INC

LEXINGTON MEDICAL CENTER FOUNDATION, Schedule R (Form 990) 2012

| Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate allocations? ž Disproportion-Ξ Yes Share of end-of-year assets 9 Share of total Income € Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity € Name, address, and EIN of related organization Part IV

Yes No Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets 9 Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> (d)
Direct controlling entity Legal domicile (state or foreign country) ত Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2012

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Page 3

Part V	Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	

					_
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	betal executorization betal	C/X = 0 + 0 C X	Yes	2
 During the tax year, and the organization engage in any or the following transactions with one or more related organizations instead in Falsa in Value Recent of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 	S WILL ONE OF THOSE RE	siateo organizations iisteo	130 110 110 110 110 110 110 110 110 110	+_	×
				_	×
			101		×
d Loans or loan guarantees to or for related organization(s)			pt 1		×
e Loans or loan guarantees by related organization(s)			16		×
					>
T Dividends from related organization(s)		•	= 1	+	4 >
g Sale of assets to related organization(s)					۷
h Purchase of assets from related organization(s)			ŧ	_	×
i Exchange of assets with related organization(s)					×
j Lease of facilities, equipment, or other assets to related organization(s)			:	_	×
(A) more designations and the second of the second designation of the second se			40		į×
R Lease of racilities, equipment, or other assets montrelated organization (s)	· instation(s)		¥ +		×
reflormance of services of mentibership of fundralshing solicitations for	mzauon(s)		=],		; >
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			_	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		<u>+</u>	-	×
o Sharing of paid employees with related organization(s)	:		10	×	
				1	- }
p Reimbursement paid to related organization(s) for expenses	٠		<u>t</u>		×
 Reimbursement paid by related organization(s) for expenses 			1		×
			2 1 2 1		-
 Other transfer of cash or property to related organization(s) 			-	1	4 >
s Other transfer of cash or property from related organization(s)			18		٩
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete the	ns line, including covered	relationships and transaction thresholds.		}
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	70	
(1) LEXINGTON MEDICAL CENTER	0	411,449.	,449. FAIR MARKET VALUE OF SERVICES	CES	
(8)					
(4)					
į					
(6)					

Schedule R (Form 990) 2012

(6) 232163 12-10-12

57-0906045 Page 4

Schedule R (Form 990) 2012 LEXINGTON MEDICAL CENTER FOUNDATION, INC

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) rcentage vnership					 \$60 \$60
§ 5° €	D			 , <u> </u>	
(j) ieneral nanagii	Aes NO		 		<u>Ş</u>
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(000)				Schoolule D (Com 000) 2042
(h) Disproportionate allocations?	Ves No			 	
Disp tro	<u> </u>			 	-
(g) Share of end-of-year assets					
(f) Share of total					
(e) Are all partners sec 501(c)(3) orgs?	NO NO NO				
(c) (d) (e) Ae all Ae a	7 (1 C - 1 C				
(c) domicile or foreign					
(b) Primary activity					
(a) (b) Name, address, and EIN Primary activity (state					

Schedule P	Supplemental	LEXINGTON	MEDICAL	CENTER	FOUNDATION,	INC57-0906045	Page 5
Part VII							
	Complete this part	to provide additional infor	mation for respon	ses to question	ns on Schedule R (see i	instructions).	
	<u>.</u>	_					
	 			· · · · · · · · · · · · · · · · · · ·			
							
							
	-						
		<u>-</u>					
			 			 	
							
							
7						·	
							
					 		

Form 8868 (Rev. 1-2013)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Monti 	h Extension, o	complete only Part II and check this	box		X
Note. Only complete Part II if you have already been granted	an automatic	3-month extension on a previously fil	ed Form 8	3868.	
 If you are filing for an Automatic 3-Month Extension, con 					
Part II Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the origina	al (no co	pies needed).	
		Enter filer's	identifyin	g number, see ins	tructions
Type or Name of exempt organization or other filer, see in print	structions		Employer	identification numl	ber (EIN) or
File by the LEXINGTON MEDICAL CENTER	FOUNDAT:	ION, INC		57-090604	15
due date for filing your return See 2720 SUNSET BOULEVARD	ox, see instruc	tions.	Social sec	curity number (SSN	1)
City, town or post office, state, and ZIP code. For WEST COLUMBIA, SC 29169	r a foreign add	lress, see instructions.			
Enter the Return code for the return that this application is fo	or (file a separa	te application for each return)			01
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01			·- ·	1 : - 1
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04				
Form 990-T (sec. 401(a) or 408(a) trust)	05				
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already gra	06				12
The books are in the care of	BOULEVA	FAX No. ▶ nited States, check this box	f this is foi	r the whole group,	
4 I request an additional 3-month extension of time until		Т 15, 2014 .	-		
5 For calendar year, or other tax year beginning		, 2012 , and ending	SEP	30, 2013	
6 If the tax year entered in line 5 is for less than 12 mont Change in accounting period		son: Initial return	Final r	eturn	
7 State in detail why you need the extension	0.03.00	THEODIAMION NEGE	CCADV	MO BILE	
ADDITIONAL TIME IS NEEDED TO COMPLETE AND ACCURATE RETUR		R INFORMATION NECE	SSARI	TO FILE A	
COMPLETE AND ACCORATE RETOR	74			· · · · · · · · · · · · · · · · · · ·	
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	720 or 6069 s	enter the tentative tay less any	1		
nonrefundable credits. See instructions.	720, 01 0009, 6	enter the terrtative tax, less any	8a	s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6	.069. enter any	refundable credits and estimated	<u> </u>		
tax payments made. Include any prior year overpayme	-				
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include yo	ur payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See	instructions.		8c	\$	0.
•		st be completed for Part II o	-		
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare to	ncluding accom this form.	panying schedules and statements, and to	the best o	f my knowledge and I	oelief,
Signature ► Title	► CPA		Date	>	