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EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

2017

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or tax year beginning

, and ending

Name of foundation <b>LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.</b>		A Employer identification number <b>61-6037046</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1221 SOUTH BROADWAY</b>	Room/suite	B Telephone number <b>(859) 258-6055</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON, KY 40504</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 636,632.</b>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	108,023.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	32,960.	32,960.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5,626.			
	b Gross sales price for all assets on line 6a <b>25,000.</b>				
	7 Capital gain net income (from Part IV, line 2)		5,626.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	26,145.	0.		STATEMENT 2
	12 Total. Add lines 1 through 11	172,754.	38,586.		
	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	69,805.	0.		34,902.
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	3,500.	1,750.		1,750.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 4	308.	308.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 5	49,335.	200.		49,135.
	24 Total operating and administrative expenses. Add lines 13 through 23	122,948.	2,258.		85,787.
	25 Contributions, gifts, grants paid	39,750.			39,750.
	26 Total expenses and disbursements. Add lines 24 and 25	162,698.	2,258.		125,537.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	10,056.			
	b Net investment income (if negative, enter -0-)		36,328.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end of year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing		72,242.	68,912.	68,912.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U S and state government obligations				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	Liabilities	11	Investments - land, buildings and equipment basis ▶			
		Less: accumulated depreciation ▶				
12		Investments - mortgage loans				
13		Investments - other	STMT 7	491,793.	567,720.	567,720.
14		Land, buildings, and equipment: basis ▶	10,070.			
		Less: accumulated depreciation STMT 8 ▶	10,070.			
15		Other assets (describe ▶)				
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		564,035.	636,632.	636,632.
17		Accounts payable and accrued expenses				
18		Grants payable				
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31				
	24	Unrestricted		503,561.	581,148.	
	25	Temporarily restricted		60,474.	55,484.	
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances		564,035.	636,632.	
	31	Total liabilities and net assets/fund balances		564,035.	636,632.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	564,035.
2	Enter amount from Part I, line 27a	2	10,056.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6	3	62,541.
4	Add lines 1, 2, and 3	4	636,632.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	636,632.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a AMERICAN FUNDS	P	VARIOUS	05/08/17
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 25,000.		19,374.	5,626.
b			
c			
d			
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			5,626.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	5,626.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div> <div>If gain, also enter in Part I, line 8, column (c)</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

☐ Yes ☒ No

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	143,170.	541,551.	.264370
2015	136,073.	561,328.	.242413
2014	109,358.	542,417.	.201612
2013	119,816.	455,255.	.263184
2012	128,604.	387,737.	.331678

2 Total of line 1, column (d)	2	1.303257
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.260651
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	593,064.
5 Multiply line 4 by line 3	5	154,583.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	363.
7 Add lines 5 and 6	7	154,946.
8 Enter qualifying distributions from Part XII, line 4	8	125,537.

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

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**Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1 727.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2 0.
3 Add lines 1 and 2		3 727.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4 0.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		5 727.
6 Credits/Payments		
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 400.	
b Exempt foreign organizations - tax withheld at source	6b 0.	
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	
d Backup withholding erroneously withheld	6d 0.	
7 Total credits and payments Add lines 6a through 6d	7 400.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8 0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 9	9 327.	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded	11	

**Part VIIA Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0. (2) On foundation managers \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered See instructions KY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

Organizations relying on a current notice regarding disaster assistance, check here

☒

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

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

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

If "Yes" to 6b, file Form 8870

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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

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

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

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

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	528,294.
b	Average of monthly cash balances	1b	73,801.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	602,095.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	602,095.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,031.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	593,064.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	29,653.

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

1	Minimum investment return from Part X, line 6	1	29,653.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	727.
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	727.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	28,926.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	28,926.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	28,926.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	125,537.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	125,537.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	125,537.

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

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				28,926.
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only			0.	
<b>b</b> Total for prior years		0.		
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012	109,361.			
<b>b</b> From 2013	97,408.			
<b>c</b> From 2014	82,831.			
<b>d</b> From 2015	108,453.			
<b>e</b> From 2016	116,470.			
<b>f</b> Total of lines 3a through e	514,523.			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	125,537.			
<b>a</b> Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2017 distributable amount				28,926.
<b>e</b> Remaining amount distributed out of corpus	96,611.			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below	611,134.			
<b>a</b> Corpus: Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr			0.	
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7	109,361.			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	501,773.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013	97,408.			
<b>b</b> Excess from 2014	82,831.			
<b>c</b> Excess from 2015	108,453.			
<b>d</b> Excess from 2016	116,470.			
<b>e</b> Excess from 2017	96,611.			



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**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
BIG BROTHERS, BIG SISTERS OF THE BLUEGRASS 436 GEORGETOWN ST LEXINGTON, KY 40508	NONE	501(C)3	TO HELP CHILDREN REALIZE THEIR POTENTIAL AND BUILD THEIR FUTURES.	650.
C/O CAMPBELLSVILLE UNIVERSITY 1 UNIVERSITY DR CAMPBESLLSVILLE, KY 42718	NONE	N/A	SCHOLARSHIP TO CAMPBELLSVILLE UNIVERSITY	1,000.
C/O EASTERN KENTUCKY UNIVERSITY 521 LANCASTER AVE CPO 59 RICHMOND, KY 40475	NONE	N/A	SCHOLARSHIP TO EASTERN KENTUCKY UNIVERSITY	2,000.
C/O MIDWAY UNIVERSITY 512 E. STEPHENS STREET MIDWAY, KY 40347	NONE	N/A	SCHOLARSHIP TO MIDWAY UNIVERSITY	1,000.
C/O UNIVERSITY OF KENTUCKY 18 FUNKHOUSER BLDG-STUDENT ACCOUNT SERVICES LEXINGTON, KY 40506-0054	NONE	N/A	SCHOLARSHIP TO UNIVERSITY OF KENTUCKY	22,500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 39,750.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>3b</b> 0.

## Part XVI-A

### Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	32,960.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	5,626.	
9 Net income or (loss) from special events			01	5,469.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e)		0.		44,055.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	44,055.

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B**

### Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

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

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

Yes ☒ No

**b** If "Yes," complete the following schedule.

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

**Sign  
Here**


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee James B. Hovatt 11-15-18 Date

► **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>MICHAEL T. SHEPHERD</b>		11/14/18		<b>P00162489</b>
	Firm's name ▶ <b>DEAN DORTON ALLEN FORD, PLLC</b>			Firm's EIN ▶ <b>27-3858252</b>	
	Firm's address ▶ <b>106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507</b>			Phone no. <b>(859)255-2341</b>	

Form 990-PF (2017)

LEXINGTON CLINIC FOUNDATION FOR  
MEDICAL EDUCATION AND RESEARCH, INC.

61-6037046

**Part XV Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
CAMP HORSIN AROUND 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	NONE	501(C)3	PROVIDE OUTDOOR CAMP ADVENTURE FOR CHILDREN WITH HEALTH OR SPECIAL NEEDS	5,000.
CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS 162 N ASHLAND AVE LEXINGTON, KY 40502	NONE	501(C)3	A HEALING PLACE FOR SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES.	500.
KENTUCKY CHILDREN'S HOSPITAL 110 CONN TERRACE LEXINGTON, KY 40508	NONE	501(C)3	HOPE AND HEALING TO CHILDREN BEING TREATED FOR A RANGE OF ORTHOPAEDIC CONDITIONS	2,500.
FOOD CHAIN 501 W 6TH ST, #105 LEXINGTON, KY 40508-1341	NONE	501(C)3	CREATE A FISH NURSERY - 10 CLASSES & VIDEO	1,250.
LEADERSHIP LEXINGTON YOUTH PROGRAM 330 EAST MAIN STREET, SUITE 100 LEXINGTON, KY 40507	NONE	501(C)3	LEADERSHIP DEVELOPMENT PROGRAM	1,000.
MOREHEAD STATE UNIVERSITY FOUNDATION 105 UNIVERSITY BLVD MOREHEAD, KY 40351	NONE	501(C)3	SUPPORT MOREHEAD STATE UNIVERSITY THROUGH FUNDRAISING & ADMINISTRATIVE SUPPORT	1,600.
RONALD MCDONALD HOUSE OF THE BLUEGRASS 1300 SPORTS CENTER DR LEXINGTON, KY 40522	NONE	501(C)3	PROVIDED FOOD FOR RONALD MCDONALD HOUSE EVENT	750.
Total from continuation sheets				12,600.

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

- Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Name of the organization

LEXINGTON CLINIC FOUNDATION FOR  
MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Employer identification number

61-6037046

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUEGRASS OXYGEN 1032 MAJAUN ROAD LEXINGTON, KY 40511	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	NEW LEXINGTON CLINIC 1221 SOUTH BROADWAY LEXINGTON, KY 40504	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	STITES & HARBISON 250 WEST MAIN STREET, SUITE 2300 LEXINGTON, KY 40507-1758	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	RESMED CORP 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization <b>LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.</b>	Employer identification number <b>61-6037046</b>
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**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization <b>LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.</b>	Employer identification number <b>61-6037046</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT      1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MERRILL LYNCH INVESTMENTS	32,960.	0.	32,960.	32,960.	
TO PART I, LINE 4	32,960.	0.	32,960.	32,960.	

FORM 990-PF                      OTHER INCOME                      STATEMENT      2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	26,145.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	26,145.	0.	

FORM 990-PF                      ACCOUNTING FEES                      STATEMENT      3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING SERVICES	3,500.	1,750.		1,750.
TO FORM 990-PF, PG 1, LN 16B	3,500.	1,750.		1,750.

FORM 990-PF                      TAXES                      STATEMENT      4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	308.	308.		0.
TO FORM 990-PF, PG 1, LN 18	308.	308.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	200.	200.		0.
GOLF TOURNAMENT EXPENSES	20,676.	0.		20,676.
OFFICE SUPPLIES	2,711.	0.		2,711.
SUPPLIES	2,780.	0.		2,780.
INSURANCE	2,053.	0.		2,053.
PHONE AND PC RENTAL	2,217.	0.		2,217.
KY FILING FEE	15.	0.		15.
SPACE, ACCTG & TECH SUPPORT	7,192.	0.		7,192.
MISCELLANEOUS	11,491.	0.		11,491.
TO FORM 990-PF, PG 1, LN 23	49,335.	200.		49,135.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS	62,541.
TOTAL TO FORM 990-PF, PART III, LINE 3	62,541.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - MERRILL LYNCH	FMV	567,720.	567,720.
TOTAL TO FORM 990-PF, PART II, LINE 13		567,720.	567,720.

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FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	5,953.	5,953.	0.
LCD PROJECTOR & PERIPHERAL EQUIPMENT	4,117.	4,117.	0.
TOTAL TO FM 990-PF, PART II, LN 14	10,070.	10,070.	0.

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FORM 990-PF	INTEREST AND PENALTIES	STATEMENT	9
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TAX DUE FROM FORM 990-PF, PART VI	327.
LATE PAYMENT INTEREST	8.
LATE PAYMENT PENALTY	10.
TOTAL AMOUNT DUE	345.

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FORM 990-PF	LATE PAYMENT PENALTY	STATEMENT	10
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DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/18	327.	327.	6	10.
DATE FILED	11/15/18		327.		
TOTAL LATE PAYMENT PENALTY					10.

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FORM 990-PF	LATE PAYMENT INTEREST	STATEMENT	11
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DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/18	327.	327.	.0500	184	8.
DATE FILED	11/15/18		335.			
TOTAL LATE PAYMENT INTEREST						8.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANE WARNER 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
ANDREW DIERUF, CPA 1221 SOUTH BROADWAY LEXINGTON, KY 40504	SECRETARY 0.25	0.	0.	0.
ERIC HOWARD 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
DR. JAMES HUNTER 1221 SOUTH BROADWAY LEXINGTON, KY 40504	PRESIDENT 0.50	0.	0.	0.
DUSTYN JONES 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
KATIE HARDWICK 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
RYAN KELSCH 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
DR. ANDREW HENDERSON 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR EX-OFFICIO 0.25	0.	0.	0.
DR. J. ELIZABETH LEHMANN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR NON-VOTING 0.25	0.	0.	0.
MIKE MARNHOUT 1221 SOUTH BROADWAY LEXINGTON, KY 40504	VICE PRESIDENT 0.25	0.	0.	0.
TAMMY MEADE-ENSSLIN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.

LEXINGTON CLINIC FOUNDATION FOR MEDICAL

61-6037046

DR. ANDREW MCGREGOR 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
KURT SIMPSON 1221 SOUTH BROADWAY LEXINGTON, KY 40504	TREASURER 0.25	0.	0.	0.
DR. TREVOR WILKES 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

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

STATEMENT 13

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

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

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

859 258-6209

FERGUS HANSON MEMORIAL SCHOLARSHIP

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FORM AND CONTENT OF APPLICATIONS

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A COMPLETED APPLICATION, WHICH INCLUDES PERSONAL INFORMATION, EDUCATION AND TRAINING, EMPLOYMENT, COMMUNITY INVOLVEMENT, ANY OBSERVATION OF THE APPLICANT'S FIELD OF STUDY, AND THE TRAINING PROGRAM BEING PURSUED. A WRITTEN NARRATIVE EXPLAINING QUALIFICATIONS, NEED, AND REASONS FOR A HEALTHCARE CAREER CHOICE. TWO SEALED COMPLETED QUESTIONNAIRES, ONE FROM A SCHOOL OFFICIAL AND THE OTHER FROM A PERSONAL REFERENCE OTHER THAN A RELATIVE. OFFICIAL SIGNED AND SEALED HIGH SCHOOL TRANSCRIPT OR GED CERTIFICATE. A COPY OF SAT OR ACT SCORES, IF APPLICABLE. CURRENT OFFICIAL SIGNED AND SEALED TRANSCRIPT OF COLLEGE ACADEMIC RECORD, IF APPLICABLE. SIGNATURE ON MEDIA RELEASE STATEMENT. A 2017 APPLICATION IS ATTACHED.

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ANY SUBMISSION DEADLINES

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THE APPLICATIONS ARE DUE IN MARCH

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RESTRICTIONS AND LIMITATIONS ON AWARDS

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



NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

859 258-6209

COMMUNITY PROJECT FUNDING

FORM AND CONTENT OF APPLICATIONS

N/A

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

FORM 990-PF PAGE 1

990-PP

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone