Form 990-PF

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

For calendar year 2017 or tax year beginning A Employer identification number Name of foundation LEXINGTON CLINIC FOUNDATION FOR 61-6037046 MEDICAL EDUCATION AND RESEARCH, Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1221 SOUTH BROADWAY (859)258-6055 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LEXINGTON, KY 40504 Initial return Initial return of a former public charity G Check all that apply D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization. X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | Cash X Accrual F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 636, 632. (Part I, column (d) must be on cash basis) **\$** Part Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 108,023. Contributions, gifts, grants, etc , received N/A Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments STATEMENT 1 32,960. 32,960 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 5,626. 6a Net gain or (loss) from sale of assets not on line 10 Control of the State of the Sta 25,000. 5,626. 7 Capital gain net income (from Part IV line 2) 8 Net short-term capital gain 9 Income modifications OGDEN 10a Gross sales less returns 14 Sept. 18 No. of the second second b Less Cost of goods sold c Gross profit or (loss) STATEMENT 2 26,145 n. 11 Other income 172,754 38,586 Total Add lines 1 through 11 Compensation of officers, directors, trustees, etc. 69,805. 34,902. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,750. STMT 3 3,500 1,750. b Accounting fees c Other professional fees 17 Interest 308. 308. 0. 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 49,335. 200. 49,135. 23 Other expenses STMT 5 24 Total operating and administrative 85,787. 122,948 2,258 expenses Add lines 13 through 23 39,750. 39,750. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 2,258 125,537 162,698 Add lines 24 and 25 27 Subtract line 26 from line 12 10,056. 8 Excess of revenue over expenses and disbursements YVII CHILITAY 36,328. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.

61-6037046

Page 2

0.00	12.00	Balance Shoots Atlached schedules and amounts in the description	Degititing of year	EIIL	i di yeai
įΡ	art	Balance Sheets Atlached schedules and amounts in the description column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	72,242.	68,912	. 68,912.
	ı	Savings and temporary cash investments	,		
	l	Accounts receivable	N-4582	(A)	
	ľ	Less: allowance for doubtful accounts			
	۱,	Pledges receivable	G. D. A.	3.43	
		Less; allowance for doubtful accounts	0.77		
	_ ا	Grants receivable			
	!				·
	"	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons	56.00 (57.00 R (50.00		
	7	Other notes and loans receivable			
	_	Less allowance for doubtful accounts		<u> </u>	+
Assets	l	Inventories for sale or use			
SS		Prepaid expenses and deferred charges			
•	10a	Investments - U S and state government obligations			-
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings and equipment basis			
		Less accumulated depreciation		'	
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	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			100 m
	18	Grants payable			
v	19	Deferred revenue			\exists
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ğ	21	Mortgages and other notes payable			
Ë		Other liabilities (describe >			\exists
					7
	23	Total liabilities (add lines 17 through 22)	0.	0	
_		Foundations that follow SFAS 117, check here			\dashv
		and complete lines 24 through 26, and lines 30 and 31			
es	24	Unrestricted	503,561.	581,148	
Balances		Temporarily restricted	60,474.	55,484	
3als		Permanently restricted			\dashv
	20	Foundations that do not follow SFAS 117, check here			
FĽ		and complete lines 27 through 31			
ò	27	Capital stock, trust principal, or current funds			
ets		•			\dashv
Net Assets or Fund	28	Paid-in or capital surplus, or land, bldg, and equipment fund			\dashv
at A	29	Retained earnings, accumulated income, endowment, or other funds	564,035.	636,632	\dashv
ž	30	Total net assets or fund balances	304,033.	030,032	
		was the later of t	E 6 4 0 2 E	636,632	
	31	Total liabilities and net assets/fund balances	564,035.	030,032	• 24682- 17.28567-7-5-285227-7-285227-84
įρ	ărt,	Analysis of Changes in Net Assets or Fund B	Balances		
_			20		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	at agree with end-of-year figure reported on prior year's return)		-	564,035.
		amount from Part I, line 27a	ann an	<u></u>	10,056.
		r increases not included in line 2 (itemize)	SEE ST		62,541.
		lines 1, 2, and 3		-	636,632.
		eases not included in line 2 (itemize)			636 633
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	1 (636,632.

LEXINGTON CLINIC FOUNDATION FOR

Form 990-PF (2017)	MEDICAL	EDUCATION	AND	RESEARCH,	INC

61-6037046 Page 3

the complete only for assets showing gain in column (h) and owned by the foundation on 12/3 1/99 (i) Gains (Col (h) gain minus (a)) Complete only for assets showing gain in column (h) and owned by the foundation on 12/3 1/99 (ii) Gains (Col (h) gain minus (a)) Complete only for assets showing gain in column (h) and owned by the foundation on 12/3 1/99 (ii) Gains (Col (h) gain minus (a)) (i) FMV as of 12/3 1/69 (ii) Adjusted basis (l) Excess of col (i) owner col (i), if any) Col (k), but not less than -0-) or Lisses (from col (h)) of Lis	(a) List and describe th 2-story brick ware	e kind(s) of pi		ample, real esta		(b) F	low ac - Purcl - Dona	quired hase ition	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
Complete only for assets showing gain in column (f) and owned by the foundation on 12/31/69 (i) Gains (Col (fi) gain minus (g))	1a AMERICAN FUNDS					<u> </u>		P '	VARIO	OUS	05/08/17
(e) Gross sales price (f) Deprecation allowed (re) Cost or other basis (h) Cain or (loss) a 25,000.	b					<u> </u>					
(e) Gross sales price (f) Deprecation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g)) a 25,000						↓					
(e) Gross sales price (f) Deprecation allowed (grad plus expense of sale (le) plus (f) minus (g)) a 25,000. b 19,374. Complete only for assets showing gain in column (h) and owned by the foundation on 1231/69 (I) FMV as of 1231/69 (I) Adjusted basis (I) FMV as of 1231/69 (I) FMV as of 1231/69 (I) Adjusted basis (I) FMV as of 1231/69 (I) FMV as of 1231/69 (I) Adjusted basis (I) FMV as of 1231/69 (I) FMV as of 1231/69 (I) Adjusted basis (I) FMV as of 1231/69 (I) FMV as of 1231/69 (I) Adjusted basis (I) FMV as of 1231/69 (I) FMV as of 1231/69 (I) Gains (Coi (h) gain mutus coi (ls), but not leas than -b-1 or over coi (l), if any over coi (l)		_				<u> </u>					
(e) plus (y) minus (g)) a 25 , 000 . b 19 , 374 . 5 , 621 c Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69 (i) FAMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis over col (j), if any column (b) and owned by the foundation on 12/31/69 (iii) FAMV as of 12/31	<u>e</u>	(f) D		(=) Co.					(h) Co	ın or (loos	
b c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (l) Gains (Col (h) gain minus col (k). But not less than -0-) or col (k), larry or col (k), but not less than -0-) or col (k), but not less than -0-) or col (k), but not less than -0-) or col (k), larry or col (k), but not less than -0-) or col (k), but not less than -0-) or col (k), larry or col (k), larry or col (k), but not less than -0-) or col (k), larry or col (k), larry or col (k), but not less than -0-) or col (k), larry or col					expense of sale	7.4					(g))
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a 5,62s b C c C C C C C C C C C C C C C C C C C	(i) FMV as of 12/31/69								Losses (from col	(h))
b c d d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2 5,62! 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8 (loss), enter-0- in Part I, line 9 (loss), enter-0- in Part I, line 8 (loss), enter-0- in Part I, line 9 (loss), enter-0- in Part I, line 9 (loss), enter-0- in Part I, line 7 (loss), enter-0- in Part I, line 1 (loss), enter-0- in Part I, line 2 (loss)		·		 -		\dashv					5,626
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3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If gain, also enter in Part I, line 8, column (c) If (loss), enter 0- in Part I, line 8 Part Val 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 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) Calendar year (or iax year beginning in) Adjusted qualifying distributions (b) Calendar year (or iax year beginning in) 2016 1 43,170. 2016 1 43,170. 541,551. 2043 2015 2015 1 36,073. 561,328. 2424 2014 1 109,358. 542,417. 2016 2 1013 1 19,816. 4 55,255. 2 631 2012 1 28,604. 3 87,737. 3 316 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 50, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Enter 1% of net investment income (1% of Part I, line 27b)	2 Capital pain net income or (net capi	tal loss)	If (loss) enter -	ar in Part I, illie N- in Part I, line	7	-	2				5,626
If gan, also enter in Part I, line 8, column (c) 3		•	`		•	1					
If (ioss), enter -0- in Part I, line 8 3 N/A Part Val Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income			sections 1222(5) a	110 (6)		٦١					
Calendar year (or tax year years (or rax year beginning in) Adjusted qualifying distributions 2016 2014 2014 2014 2014 2014 2014 2012 2013 2012 2014 2016		Jidiiiii (C)] [3			N/A	L
(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 dosen't qualify under section 4940(e). Do not complete this part 1. Enter the appropriate amount in each column for each year, see the instructions before making any entries. Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets Obstribution ratio (col. (b) divided by col. (c)) 2016	Part Vs Qualification Un	der Secti	on 4940(e) fo	r Reducec	Tax on Net	lnv	estn	ent Inc	ome		
Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Distribution ratio (col (b) divided by col (c))	Was the foundation liable for the section if "Yes," the foundation doesn't qualify	on 4942 tax or under section	4940(e) Do not co	mplete this par	t						Yes X No
Calendar year (of tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets (col (b) divided by col (c))	(a)	011 001011111 101							Т		(d)
2016 143,170. 541,551	Base periód years	un) Ac		stributions	Net value of no			use assets	1 (Distril col (b) dr	bution ratio vided by col. (c))
2015 136,073 561,328 2.2424 2014 109,358 542,417 2.2016 2013 119,816 455,255 2.2631 2012 128,604 387,737 316 2 Total of line 1, column (d) 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 26065 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 5 154,583 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 363		,,	14	13.170.		-	54	1.551	,	(-)	.26437
2014 109,358. 542,417		_									.24241
2013 119,816. 455,255											.20161
2012 128,604. 387,737					_						.26318
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 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 36											.33167
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5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 5 154 , 58									3		.26065
5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 36									Γ"		
6 Enter 1% of net investment income (1% of Part I, line 27b) 6 36.	4 Enter the net value of noncharitable	-use assets fo	r 2017 from Part X	, line 5					4		593,06 <u>4</u>
6 Enter 1% of net investment income (1% of Part I, line 27b) 6 36											
154.04	5 Multiply line 4 by line 3								5		154,583
154.04											
7 Add lines 5 and 6 7 154,94	6 Enter 1% of net investment income	(1% of Part I,	line 27b)						6		363
7 Add lines 5 and 6 7 154, 94											154 045
	7 Add lines 5 and 6								7		154,946
105 53											105 527
		•							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		ine 7, check th	e box in Part VI, lin	e 1b, and comp	olete that part usir	ng a 19	% tax r	ate			

LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.

Form	1 990-PF (2017) MEDICAL EDUCATION AND RESEARCH, INC. 61-6037	7046 Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ and enter 1%	727.
	of Part I, line 27b	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
3	Add lines 1 and 2	. 727.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	. 0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	727.
	Credits/Payments 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 400.	
	Charles and the second	
	Statistics of the state of the	400.
	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	0.
	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	
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	
	TAVILEA: Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No
	any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities	
C	Did the foundation file Form 1120-POL for this year?	1c 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.	
е	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?	2 X
_	If "Yes," attach a detailed description of the activities	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	3 X
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b 12
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
•	If "Yes," attach the statement required by General Instruction T	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	
Ū	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?	6 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	7 X
		7 F 70 E 15 3
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	8b 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	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X

LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.

MEDICAL EDUCATION AND RESEARCH, INC. 61-603/V46 Fage 6	Corn	1990-PF (2017) MEDICAL EDUCATION AND RESEARCH, INC.	61-603	37046		Page 5
A any time during the year, did the foundation, directly or indirectly, own a controlled eneity within the meaning of section 512(b)(13)? In Yes, "attach schedule. See instructions 12 do the foundation make a disciplication to a direct and set of the foundation or a disqualified person had advisory privileges? In Yes, "attach schedule. See instructions 13 do the foundation comply with the public insertations from the section of the foundation or a disqualified person had advisory privileges? It is a section of the foundation or advisory for the foundation or advisory privileges? It is a foundation or advisory for the foundation or advisory privileges? It is a foundation or advisory for the foundation f			01 00	77040	_	age
11 Al any time during the year, dot the foundation, directly or indirectly, own a controlled entity within the meaning of scient 512(b)(13)? If Yes, "attach schools See instructions in Yes," attach schools lose in the school of the school o		Statements Regarding Activities (continued)		2862. h	V00	No
11		At a control of the state of th	ċ	\$\$\$. \$\cdot \cdot	165	INO
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address >> WWW.LEXINGTONCLINICFOUNDATION.ORG 17 Telephone no >> (859) 258-6055 18 Catton 487(14) Tonexerent terrate the Telephone no >> (859) 258-6055 18 Catton 487(14) Tonexerent terrate the Telephone no >> (859) 258-6055 18 Catton 487(14) Tonexerent terrate the trust limit prom 990-PF in flee of Form 1641-check here and enter the amount of tax-exempt interest received or accrued during the year of enter the amount of tax-exempt interest received or accrued during the year of the foundation flee of the responsibility of the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 18 Authority of the instructions for exceptions and filing requirements for FincER Form 114 II "Yes," enter the name of the promotion of the exceptions and filing requirements for FincER Form 114 II "Yes," enter the name of the promotion of the securities of the instructions for exceptions and filing requirements for FincER Form 114 II "Yes," enter the name of the promotion of the securities of the securitie	11		l			v
12 X				''		
Not the foundation comply with the public inspection requirements for its annual returns and examption application? With a Locate at ▶ 1221 SOUTH BROADWAY, LEXINGTON, KY Located at ▶ 1221 SOUTH BROADWAY, LEXINGTON, KY Section 447(4)(1) nonexempt chanable trusts fining form 990.FF in lieu of Form 1041 - thick there and enter the amount of tax-exempl interest received or accrued during the year 16 Araly mine during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 if Yes, "enter the name of the foreign country.▶ Fait.VILES Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indivectly): (1) Engage in the sale or exchange, or leasing of property with a disqualited person? (2) Borrow money from, land money to, or otherwise extend credit to (or accept it from) a disqualitied person? (3) Furnish poods, services, or facilities to (or accept them from) a disqualited person? (4) Pay compensation to, or pay or remitives the expenses of, a disqualited person? (5) Transfer any income or assets to a disqualitied person? (6) Agree to pay money or property to a government official? (Exception Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, a ferminating within 90 (ags.) 1 at the end of fax year 2017, did the foundation have any undistributed moome (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? 1 The see is the year's undistributed moome (in paying section 4942(a)(2) to all years listed, answer 'No' and attach share any years is lead on the provision of the year's late of the Exery section 4942(a)(does not apply for years the foundation or disqualif	12		i nad advisory privileges?			v
Website address ► WWW_LEXINOTONCLINICEOUNDATION_ORG 14 The books are in care of ► THE FOUNDATION Located at ► 1221 SOUTH BROADWAY_LEXINGTON, KY 15 Section 4947(a)(1) nonexempt charatable trusts filing Form 9904F in few of Form 1041 - check here and enter the anount of tax-exempt interest reasoned or accrued furnity they are 16 Alary time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 1141 it Yes, "enter the name of the foreign country ► Part VIII.B. Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 During the year, did the foundation (either directly or induserly); (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money fron, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburs the expenses of, a disqualified person? (5) Transfer any income or assests to a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disquali		·	•		v	┢╧╌
14 The books are in care of THE FOUNDATION released to 12.21 SOUTH BRODWAY, LEXINGTON, KY 15 Section 4947(a)(1) nonexempt charitable trusts filing form 990-PF in leve of Form 1411-check here and enter the amount of tax-exempt interest received or accrued during the year 16 A any time during calending year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes," enter the name of the foreign country? See the mistructions for exceptions and filing requirements for FinCEN Form 114. If Yes," enter the name of the foreign country? See the mistructions for exceptions and filing requirements for FinCEN Form 114. If Yes," enter the name of the foreign country? Set the mistructions for exceptions and filing requirements for FinCEN Form 114. If Yes," enter the name of the foreign country? Part VILES. Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 If any item is checked in the "Yes" column, unless an exception applies. 1 about the foreign country is a foreign country in disciplination of the form 114. If Yes," enter the name of the foreign country is a disciplinating of the son? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept if from) a disqualidated person? (3) Firmish goods, services, or facilities to (or accept them from) a disqualidated person? (4) Pay compensation to, or pay or remburse the expenses of, a disqualidated person? (5) Firmish goods, services, or facilities to (or accept them from) a disqualidated person? (6) Agree to pay money or property to a government official? (Exception Check 'No' if the foundation of pay money or property to a government of ficial? (Exception Check 'No' if the foundation of pay money or property or pay to the pay to the foundation of pay to the pay to th	13		ous	13	Λ	Щ
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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1641 - check here and enter the amount of fax-exempt interest received or accured during the year and enter the amount of fax-exempt interest received or accured during the year. 16 At any time during calending vary 2017, dut the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country. 18 No securities, or other financial account in a foreign country. 19 Set the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country. 19 Part,"UIES: Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any time in schecked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): 1b Engage in the sale or exchange, or leasing of property with a disqualified person? 1c) Form 4720 if any time in schecked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): 1b) Engage in the sale or exchange, or leasing of property with a disqualified person? 1c) Form and the foundation floating or otherwise extend credit to (or accept it from) a disqualified person? 1c) Form and the foundation of the original person (or otherwise extend credit to (or accept it from) a disqualified person? 1c) Form and the foundation of the original person (or otherwise extend credit to (or accept it from) a disqualified person? 1c) Form and the foundation of the original person (or otherwise extend credit to (or accept it from) a disqualified person? 1c) Form 4720, for any uncome or assets to a desqualified person (or make any of either avaitable for the benefit or use of a disqualified person) or make any of either avaitable for the benefit or uncome or property to a government official? (Exception Chick.*No*) 1c) If the formore or Section 4942 (in the found	14				005	<u> </u>
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(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j(3)) or 4942(j(5)); a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years >> b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundati		a disqualified person?				
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 494 (1d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance? See instructions N/A 1b To did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years is listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions c If the provisions of cootion 4912(a)(2) are being applied to any of the years listed in 2a, list the years here 1 Yes X No b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after during the year? 1 Yes (3) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Us		(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions C Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years s b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here Ab 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017) 4a Did the foundation make any investment in a prior year foltu after December 31, 1969) that could jeopardiz		(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
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Part VII-B, Statements Regarding Activities for Which F	Form 4720 May Be I	Required (contin	ued)	
5a During the year, did the foundation pay or incur any amount to			i i	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es 🗶 No 🍇	
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire			
any voter registration drive?			es 🗶 No 🏻 🔀	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	7	Ye	es 🗶 No 🥈	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		💆	
4945(d)(4)(A)? See instructions		Ye	es 🗶 No 🍃	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		(T)	
the prevention of cruelty to children or animals?			es 🗶 No 🥻	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	N/A	
section 53 4945 or in a current notice regarding disaster assistance? See instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			es 🔲 No	
expenditure responsibility for the grant?		I/A	esNU %	
If "Yes," attach the statement required by Regulations section 53 4945-5(d)	any promitime on		196 206	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on		es X No	
a personal benefit contract?	arcanal hanafit contract?		100	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870	ersonal benefit contract.		136	E 1 20 5 1 1 2 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es 🗶 No 🧯	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			,_	7b
Part VIII Information About Officers, Directors, Trusto		nagers. Highly	<u></u>	
Paid Employees, and Contractors			·	
1 List all officers, directors, trustees, and foundation managers and t		T Company lan	(d)	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and decrees	to position	enter -0-)	and deferred compensation	allowances
OED COMPRESSOR 12		0.	0.	0.
SEE STATEMENT 12		· ·	0.	
			-	
	•			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	devoted to position		compensation	allowances
NONE				
		—		
				
				
		 		
Total number of other employees paid over \$50,000		<u> </u>	<u> </u>	0
			Form	990-PF (2017)

LEXINGTON CLINIC FOUNDATION	FOR			
Form 990-PF (2017) MEDICAL EDUCATION AND RESEAR	RCH, INC.	61-60	37046 Pa	ge 7
Part VIII Information About Officers, Directors, Trustees, I Paid Employees, and Contractors (continued)	oundation Manage	ers, Highly		
3 Five highest-paid independent contractors for professional services If no	ne, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(t) Type of service	(c) Compensa	ation
NONE		 -		
				—
050,000 (/ .			<u> </u>	_
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities				<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include rele- number of organizations and other beneficiaries served, conferences convened, research pa	vant statistical information st apers produced, etc	uch as the	Expenses	

	<u> </u>		
1	N/A]	
2			
]	
3]	
4]	
Par	t IX-B Summary of Program-Related Investments		

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

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 528,294. 1a a Average monthly fair market value of securities 73,801. 16 b Average of monthly cash balances 1c c Fair market value of all other assets 602,095. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0 1e 1c (attach detailed explanation) 0. 2 Acquisition indebtedness applicable to line 1 assets 602.095. 3 Subtract line 2 from line 1d 9.031. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 593,064. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 29,653. Minimum investment return Enter 5% of line 5 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) 29,653. Minimum investment return from Part X, line 6 727 Tax on investment income for 2017 from Part VI, line 5 2a Income tax for 2017 (This does not include the tax from Part VI) 2b 727. 2c Add lines 2a and 2b 28.926. Distributable amount before adjustments Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 5 28,926. Add lines 3 and 4 Ō. 6 Deduction from distributable amount (see instructions) 28,926. 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 125,537. 1a a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or hold for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the. 3a a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) 125,537. Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions Subtract line 5 from line 4 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

c Excess from 2015

dExcess from 2016

e Excess from 2017

116,470.

96,611.

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

LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, 61-6037046 Form 990-PF (2017) Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling __ 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (d) 2014 (a) 2017 (b) 2016 (c) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV: Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Light of the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed SEE STATEMENT 13 b The form in which applications should be submitted and information and materials they should include c Any submission deadlines.

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

MEDICAL EDUCATION AND RESEARCH, INC.

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

61-6037046

Page 11

Form 990-PF (2017) MEDICAL ED Part XVI A Analysis of Income-	Producing Activiti	es			
Enter gross amounts unless otherwise indicated		business income	Exclude	d by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated	(a)	(b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	Businéss code	Amount	sion code	Amount	function income
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			1 4		
4 Dividends and interest from securities	988 ·		14	32,960.	PROGRAMMENT AND MAKEN THE PROGRAM
5 Net rental income or (loss) from real estate a Debt-financed property			7 9 9 7		
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	5,626. 5,469.	
10 Gross profit or (loss) from sales of inventory				· · · · · · · · · · · · · · · · · · ·	
11 Other revenue			-		
a			•		
b					
C			\perp		
d,			+		
e		0	·]@	44,055.	0.
13 Total Add line 12, columns (b), (d), and (e)	S. 1. 173 2. 1.		•] 20 P 1888	13	44,055.
(See worksheet in line 13 instructions to verify calcula	ations)				21,000.
				B	
Part XVI-B		-	• •		and all are and all
Line No Explain below how each activity for w the foundation's exempt purposes (o				ed importantly to the accon	plishment of
		· · ·			
	<u> </u>				
			-		·
	•				
	·			-	-
		·			
					

LEXINGTON CLINIC FOUNDATION FOR

MEDICAL EDUCATION AND RESEARCH, INC.

61-6037046 Page 13

Form **990-PF** (2017)

Part XVII	Information R Exempt Organ		nsfers to a	and Transactions	and Relations	ships With Nonc	haritable	,	
1 Did the d	organization directly or ind		of the following	ng with any other organizat	tion described in sec	ction 501(c)		Yes	No
	nan section 501(c)(3) orga			•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
=	rs from the reporting found	•		• •				ļ	J
(1) Cas	, ,	auton to a nononant	zoic exempt of	gamzation or.			1a(1)		X
	er assets						18(2)	_	X
b Other tra							18(2)	├──	 ^`
	es of assets to a noncharita	ahla avamat araaniz	ation				16(1)		x
	chases of assets from a no						1b(1)	_	X
	ital of facilities, equipment,	· ·	oi yanization				1b(3)	_	X
	mbursement arrangements						1b(3)	+	X
• •	ins or loan guarantees	,					1b(5)		X
	formance of services or m	emberchin or fundra	icina calicitatio	nne			1b(5)	 	X
	of facilities, equipment, ma	•	-				10(0)	├─-	X
_	swer to any of the above is	- :		• •	ilwave chow the fair	market value of the good		L	1_4
or servic	ces given by the reporting f (d) the value of the goods,	foundation If the fou	indation receiv	ed less than fair market va				i613,	
(a)Line no	(b) Amount involved			e exempt organization	(d) Description	on of transfers, transactions,	and sharing ar	rangeme	
, , ,	(-,	1 (1)	N/A		(5/2-2-7-1				
	<u></u>	 		· · · · · · · · · · · · · · · · · · ·	_				
		 							-
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	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
					- 				
		 							
ın sectioi	undation directly or indirec n 501(c) (other than section complete the following sch	on 501(c)(3)) or in se		or more tax-exempt organ	nizations described		Yes	X] No
	(a) Name of or	janization		(b) Type of organization		(c) Description of relation	onship		
_	N/A								
					<u></u>				
_									
_									
					<u></u>				
Sign Here	er penalties of perjury, I declare belief, it is true, correct, and con	mplete Declaration of pr			PRESI	er has any knowledge	May the IHS of return with the shown below: X Yes	e prepare ? See ins	er
	nature of officer or trustee		Ть -	Date	Title	Obook # 157	INT:		
,	Print/Type preparer's na	ame	Preparer's s	ignature C	Date	Check if PT	IN		
			m	182-	 11/14/18	self- employed			
Paid	MICHAEL T.			. 0			00162		
Preparer Use Only		N DORTON	ALLEN	FORD, PLLC		Firm's EIN ► 27 -	38582	52	
_				T, SUITE 600)	/050		224	1
	1 PR	XINGTON,	VI 402	U /		Phone no. (859)255-	434	

LEXINGTON CLINIC FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, INC.

61-6037046

Part XV Supplementary Information Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
CAMP HORSIN AROUND	NONE	501(C)3	PROVIDE OUTDOOR CAMP	
1159 CLAUNCH ROAD			ADVENTURE FOR CHILDERN	
PERRYVILLE, KY 40468		1	WITH HEALTH OR SPECIAL	
,			NEEDS	5,000
CHILDREN'S ADVOCACY CENTER OF THE	NONE	501(C)3	A HEALING PLACE FOR	
BLUEGRASS			SEXUALLY ABUSED	
162 N ASHLAND AVE			CHILDREN AND THEIR	500
LEXINGTON, KY 40502	-		FAMILIES.	500
KENTUCKY CHILDREN'S HOSPITAL	NONE	501(C)3	HOPE AND HEALING TO	
110 CONN TERRACE			CHILDREN BEING TREATED	
LEXINGTON, KY 40508			FOR A RANGE OF	
			ORTHOPAEDIC CONDITIONS	2,500
FOOD CHAIN	NONE	501(C)3	CREATE A FISH NURSERY	
501 W 6TH ST, #105			- 10 CLASSES & VIDEO	
LEXINGTON, KY 40508-1341				1,250
				-,
LEADERSHIP LEXINGTON YOUTH PROGRAM	NONE	501(C)3	LEADERSHIP DEVELOPMENT	
330 EAST MAIN STREET, SUITE 100			PROGRAM	1 000
LEXINGTON, KY 40507		<u> </u>		1,000
MOREHEAD STATE UNIVERSITY FOUNDATION	NONE	501(C)3	SUPPORT MOREHEAD STATE	
105 UNIVERSITY BLVD			UNIVERSITY THROUGH	•
MOREHEAD, KY 40351			FUNDRAISING &	
			ADMINISTRATIVE SUPPORT	1,600
RONALD MCDONALD HOUSE OF THE	NONE	501(C)3	PROVIDED FOOD FOR	
BLUEGRASS	WOINE	P01(C/3	RONALD MCDONALD HOUSE	
1300 SPORTS CENTER DR			EVENT	
LEXINGTON, KY 40522				750
		<u> </u>		
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 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

	M	EDICAL EDUCATION AND RESEARCH, INC.	61-6037046
Organiz	ation type (check	one)	
Filers o	f:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	00-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions
Genera	l Rule		
X	_	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totalin by one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special	Rules		
	sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a itor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount in Complete Parts I and II	, or 16b, and that received from
	year, total contri	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III	
	year, contributions checked, enter purpose Don't contributions.	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled nor here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it m	ust answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its for 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	Il 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW LEXINGTON CLINIC 1221 SOUTH BROADWAY LEXINGTON, KY 40504	\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STITES & HARBISON 250 WEST MAIN STREET, SUITE 2300 LEXINGTON, KY 40507-1758	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RESMED CORP 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

LEXINGTON CLINIC FOUNDATION FOR

MEDICAL EDUCATION AND RESEARCH, INC.

Employer identification number

61-6037046

from Part I	II Nonc	cash Property (see instructions) Use duplicate copies of	Part II if additional space is needed	
(a) No. from Part I (a) No. from Description of noncash property given State Part I (b) Term Description of noncash property given State Part I (a) No. from Description of noncash property given State Part I (b) Term Description of noncash property given State Part I (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given State Part I (a) No. from Description of noncash property given State Part I (b) Description of noncash property given State Part I (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given State Part I (a) No. from Description of noncash property given State Part I (b) Term Description of noncash property given State Part I (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given Description of noncash property given State Part I (d) Date recommendation of the property given Description of noncash property given State Part I (e) No. from Description of noncash property given State Part I (d) Date recommendation of the property given Description of noncash property given State Part I (e) No. from Description of noncash property given State Part I (c) FMV (or estimate) (See instructions.)	m	* *	FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation of noncash property given (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given (See instructions.)	-			
No. Part I (a) No. Inform Description of noncash property given (b) S (c) FMV (or estimate) (See instructions.) (d) Date rec (d) Date rec (d) Date rec (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (d) Date rec (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I Description of noncash property given See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation of property given (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (d) No. (from Part I See instructions.) (e) FMV (or estimate) (See instructions.) (d) Date recommendation of property given (See instructions.) (a) No. (b) Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.)	n		FMV (or estimate)	(d) Date received
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	n		FMV (or estimate)	(d) Date received
	<u> </u>			
1.8	_		 \$	

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF	DIVIDEND	S AND INTE	REST	FROM SECU	JRITIES :	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	5	(A) REVENUE PER BOOKS	(B) NET INVEST	
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	INCO	ME		STATEMENT 2
DESCRIPTION				(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM S FUNDRAISING EVENTS	PECIAL	_		26,145.	0.	
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		26,145.	0.	
FORM 990-PF		ACCOUNT	ING	FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT 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	<u></u>	TF	XES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	- -	308	3.	308	•	0.
TO FORM 990-PF, PG	1, LN 18	308	3.	308	•	0.
	_	-",				

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5 —
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT FEES GOLF TOURNAMENT EXPENSES OFFICE SUPPLIES SUPPLIES INSURANCE PHONE AND PC RENTAL KY FILING FEE SPACE, ACCTG & TECH SUPPORT	200. 20,676. 2,711. 2,780. 2,053. 2,217. 15. 7,192.		200. 0. 0. 0. 0. 0.		20,676 2,711 2,780 2,053 2,217 15 7,192	1. 0. 3. 7.
MISCELLANEOUS TO FORM 990-PF, PG 1, LN 23	11,491.		200.		11,491 ————————————————————————————————————	
DESCRIPTION CHANGE IN UNREALIZED GAIN/LOS	s on invest	MENTS			AMOUNT 62,541	
TOTAL TO FORM 990-PF, PART II	I, LINE 3				62,541	1.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS - MERRILL LYNCH		FMV		567,720.	567,720	0.
TOTAL TO FORM 990-PF, PART II	, LINE 13			567,720.	567,720	0.

FORM 990-PF DEPF	RECIATION OF ASSET	rs not held fo	OR INVEST	MENT	STATI	EMENT	8
DESCRIPTION		COST OR OTHER BASIS	ACCUMU! DEPREC:		воог	K VALU	E
COMPUTER EQUIPMENT		5,953		5,953.			0.
LCD PROJECTOR & PE EQUIPMENT	ERIPHERAL	4,117		4,117.			0.
TOTAL TO FM 990-PF	F, PART II, LN 14 =	10,070		10,070.		·	0.
FORM 990-PF	INTEREST	AND PENALTIES	3	•	STAT	EMENT	9
TAX DUE FROM FORM						3	27.
LATE PAYMENT IN LATE PAYMENT PE							10.
						3	10. 45.
LATE PAYMENT PE	ENALTY	PAYMENT PENA	JTY		STAT	3 EMENT	
LATE PAYMENT PE TOTAL AMOUNT DUE FORM 990-PF	ENALTY	PAYMENT PENA	.TY BALAN	CE M	STAT		10
LATE PAYMENT PE TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE	LATE	AMOUNT 327	BALAN	CE MG		EMENT PENAL	10 TY
LATE PAYMENT PE TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE DATE FILED	DATE 05/15/18 11/15/18	AMOUNT 327	BALAN	327.	ONTHS	EMENT PENAL	10
LATE PAYMENT PETOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT	LATE DATE 05/15/18 11/15/18	AMOUNT 327	BALAN	327.	ONTHS 6 -	EMENT PENAL	10 TY
LATE PAYMENT PETOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT	LATE DATE 05/15/18 11/15/18 PENALTY LATE	AMOUNT 3 327 3 PAYMENT INTE	BALAN	327.	ONTHS 6 -	EMENT PENAL	10 TY 10.
LATE PAYMENT PE	LATE DATE 05/15/18 11/15/18 PENALTY LATE	AMOUNT 3 327 3 PAYMENT INTE	BALANG	327.	ONTHS 6	EMENT PENAL	10 TY 10.

FORM 990-PF	PART VIII -	LIST OF OFFICERS, DIRECTORS	STATEMENT	12
	TRUSTEES	AND FOUNDATION MANAGERS		

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
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-OF	FICIO 0.	0.	0.
DR. J. ELIZABETH LEHMANN 1221 SOUTH BROADWAY LEXINGTON, KY 40504	DIRECTOR NON-VO	OTING 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.

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FORM 990-PF

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

STATEMENT

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

FORM AND CONTENT OF APPLICATIONS

A COMPLETED APPLICATION, WHICH INCLUDES PERSONAL INFORMATION, EDUCTION AND TRAINING, EMPLOYMENT, COMMUNITY INVOLVEMENT, ANY OBSERVATION OF THE APPLICANT'S FIELD OF STUDY, AND THE TRAINING PROGRAM BEING PURSUED. 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.

ANY SUBMISSION DEADLINES

THE APPLICATIONS ARE DUE IN MARCH

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

859 258-6209 COMMUNITY PROJECT FUNDING

FORM AND CONTENT OF APPLICATIONS

N/A

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

2017 DEPRECIATION AND AMORTIZATION REPORT

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PAGE	
0-PF	
066	
FORM	

FORM 95	990-PF PAGE 1						990-PF							
Asset No	Description	Date Acquired	Method	Lıfe	0 C >	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	COMPUTER EQUIPMENT	7	SL	5.00	MQ17	5,953.				5,953.	5,953.		0.	5,953.
7 7 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	LCD PROJECTOR & PERIPHERAL EQUIPMENT	07/24/01	SD	5.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 117				4, 1177	4, 117		0	4,117
	* TOTAL 990-PF PG 1 DEPR					10,070.				10,070.	10,070.		.0	10,070.
F 351				. 	MAX.									
	-												F	
ŏ -	728111 04-01-17					(D) - Asset disposed	paso		*	*ITC. Salvage. Bonus.		nercial Revitali	Commercial Beyrtalization Deduction GO Zon	and GO Zone

(D) - Asset disposed

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