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300 11/12/2010 12 36 PM Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 200	9 calendar year, or tax year beginning , and ending			
B	Check if applicated Address change	ble Please C Name of organization	tion	D Emplo	yer identification number
	Name change	label or print or Doing Business As	LIGH	73-	1461328
!	Initial return	type Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
==	Termination	See 1214 Forest Drive		918	-245-0848
,		Instruc- City or town, state or country, and ZIP + 4		G Gross rece	pts \$ 94,467
÷.	Amended return	E Name and address of the Miles		1462 15 655	and the second s
٠	Application pen	F Name and address of principal officer James D. Meyer		' '	group return for Yes X No
		1214 Forest Drive		affiliate H(b) Are all	affiliates T
		Sand Springs OK 74063		include	attach a list (see instructions)
1	Tax-exempt],	and the control of th
J	Website.			H(c) Group	exemption number
ĸ	Type of organi		L Year of formation 1	994	M State of legal domicile OK
_ <u>P</u>	art I	Summary			
		ly describe the organization's mission or most significant activities			
9	P	roviding residential facilities and services for	the aged.		
35 m	ļ				
1 2010 Governance	2 05-				
~ છે		ck this box if the organization discontinued its operations or disposed of more	than 25% of its net asset	1 1	4
ۯ %	1	ber of voting members of the governing body (Part VI, line 1a) ber of independent voting members of the governing body (Part VI, line 1b)		3	3
DEC ctivities		I number of employees (Part V, line 2a)		5	0
DEC Activities	1	I number of volunteers (estimate if necessary)		6	
۵ م	i	I gross unrelated business revenue from Part VIII, column (C), line 12		7a	
SCANNED	l	unrelated business taxable income from Form 990-T, line 34		7b	0
Z			Prior Ye		Current Year
S 2	1	inbutions and grants (Part VIII, line 1h)		6,471	
ගිරි Revenue	1	ram service revenue (Part VIII, line 2g)			13,437
Š	1	stment income (Part VIII, column (A), lines 3, 4, and 7d)		0,959	2,260
_		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,936	-16,938
		I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,494	-1,241
		nts and similar amounts paid (Part IX, column (A), lines 1–3)		2,029	87,304
		efits paid to or for members (Part IX, column (A), line 4) ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1	2,854	
sesued		essional fundraising fees (Part IX, column (A), line 11e)		2,034	
pen		I fundraising expenses (Part IX, column (A), line 25) ▶			
Ä		(S), init 20)	3	5,155	32,045
		expenses Add lines 7 (must equal Part IX, column (A), line 25)		0,038	119,349
	19 Rev	enue less expenses Subtract line 18 from line 12		9,544	-120,590
Assets or Balances	හු Tota	AA X X TAIL O	Beginning of Cu		End of Year
sset Balar	N 11 U	l assets (Part X, line 1602		9,006	1,999,486
Vet A	3 1 7	Dabyties (RartyX-trne 26)		7,687	308,757
	art II	assets-or-fund balances Subtract line 21 from line 20 Signature Block	1,81	1,319	1,690,729
	ait ii	Under penalties of perjury, I declare that I have examined this return, including accompanying so	and the and statements and	to the best of	mu knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based o	n all information of which pre	parer has any	knowledge
Sig	ın	N Cames & Merrer		1///	14/2010
He		Signature of officer		Date	
		James D. Meyer	resident		
		Type or print name and title			
_	.,	Preparer's	Date Check		Preparer's identifying number
Pai			11/12/10 self- employ	ed 🕨 🗓	(see instructions) P01062899
	eparer's	Firm's name (or yours) Justin Meyers, CPA		EIN ▶	
US	e Only	if self-employed), 1793 E. 56th Street		Phone	
		address, and ZIP + 4 Tulsa, OK 74105		no 🕨	918-712-9055
		scuss this return with the preparer shown above? (see instructions)			X Yes No
For DAA	Privacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009),

4d Other program services (Describe in Schedule O) including grants of \$ 4e Total program service expenses ▶ 115,209

	n 990 (2009) Lexington Retirement Corporation 73-1461328					F	Page 3
<u> </u>	art IV · Checklist of Required Schedules					T v	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					Yes	No
•	complete Schedule A				1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to						
	candidates for public office? If "Yes," complete Schedule C, Part I				3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)					ŀ	1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5	ļ	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						i
	complete Schedule D, Part III				8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part						
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				١	ł	7,
44	quasi-endowments? If "Yes," complete Schedule D, Part V				10	-	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				۱.,	.	
	VII, VIII, IX, or X as applicable ■ Did the organization report an amount for land, buildings, and equipment in Part X, line 102 lf "Yes," complete				11	X	<u> </u>
1	Schedule D, Part VI						
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					İ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					İ	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						ļ
	Schedule D, Parts XI, XII, and XIII				12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule F				12	1	X

- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form	990	(2009)

14a

14b

15

16

17

20

X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_ <u>X</u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
^^	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l		
24-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	١		•
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	۱		
d	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			х
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	256		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.	20	-	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-	
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		i	
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ľ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37
20	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1	İ		103	
	U.S. Information Returns. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able	-			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
20	Instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b this return?	у		•		
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a 3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority		30		╁
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
	account)?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4a		x
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi	ng				İ
_	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
L	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	or		6.		İ
7	Organizations that may receive deductible contributions under section 170(c).			6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de de				
	and services provided to the payor?	13		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
_	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· · · · · · · · · · · · · · · · · · ·			ı
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
12a	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	11b		—- <u>, ,</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	417 12b		12a		
	100, Other the difficult of tax exempt interest received of accrued during the year	1210				

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

form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If *No.** go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give inse to conflicts? 12b X 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,** describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15a X 15 Other officers or key employees of the organization 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Did the organization mivest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If *Yes** to line 15a or 15b, describe the process in Schedule O (See instructions) 16b V 16c Section C. Disclosure 17a List he states with which a copy of this Form 990 is required to be filed ▶ OK 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply 16 Own website	Sec	tion A. Governing Body and Management			
b. Einer the number of volang members that are independent. 2				Yes	No
2 Did any officer, director, fursities, or key employee have a family relationship or a business relationship with any other officer, derector, fursities, or key employee? 3 Did the organization delegate control over management duties customarrly performed by or under the direct supervision of officers, directors or fursities, or key employees to a management econopiery or other person? 4 Did the organization make any experiment of the organization of officers, directors or fursities, or key employees to se organization econopiers or officers of several to the organization have members or stockholders? 5 Does the organization have members, stockholders, or other persons who may elect one or more members or office organization have members or stockholders, or other persons who may elect one or more members or office organization have members, stockholders, or other persons? 5 Does the organization nature members, stockholders, or other persons? 5 Does the organization nature members, stockholders, or other persons? 6 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The powering body? 8 Does the organization nature members and stockholders, or other persons? 8 Does the organization making address? 9 Is between any officer, director, trustee, or key employee lated in Part VIII, Section A, who cannot be reached at the organization making address? 9 Is between your officer, director, trustee, or key employee lated in Part VIII, Section A, who cannot be reached at the organization making address? If Yes, j' covide the names and addressess in Schedute O 9 Is XSection B, Policies (This Section B requests information about policies not required by the Internal Reverence Control of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity of the programity o	1a				
any other officer, director, trustee, or key employee? 3 Did the organization delegate corticol over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 LX 3 Did the organization make any segnificant changes to the organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7 Does the urganization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Des he urganization have members or stockholders? 10 Des he urganization have members or other persons who may elect one or more members of the governing body? 10 A X 10 Des he urganization to incompleting stockholders, or other persons? 10 A X 10 Des he urganization the search of the powering body subject to approval by members, stockholders, or other persons? 10 A X 10 Des he poverning body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 In the granization in making addresses? If "Nes," provide the names and addresses in Schedule D 14 In the granization in making addresses? If "Nes," provide the names and addresses in Schedule D 15 Des he organization have local chapters, branches, or affiliates? 16 In "If "Nes" does the organization have written policies and procedures governing the activities of such chapters. 16 In "If "Nes" does the organization have written policies and procedures governing the activities of such chapters. 16 In "If "Nes" does the organization have written policies and procedures governing the activities of such chapters. 17 In Describe in Schedule O the process, fany, used by the organization or review the form 990 11 In Describe in Schedule O the process, and view profit year organization p					
3 Del the organization delegate control over management dues customanly performed by or under the direct supervision of officens, directors or trustees, or key employees to a management company or other person? 3	2		ļ		İ
supervision of officers, directors of trustees, or key employees to a management company or other person? 4			2	X	
4 Det the organization make any significant changes to its organizational documents since the pion Form 990 was fixed? 5 Det the organization have members or stockholders? 6 Det be organization have members or stockholders? 7 Des the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Des des designation contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Total powering body? 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 8 The governing body? 9 Sa X 8 Sa X 9 The	3				
5 Det the organization become aware during the year of a material diversion of the organization's assets? 1 Des the organization have members or stockholders? 1 The governing body? 2 The year of a material diversion of the governing body subject to approval by members, stockholders, or other persons? 3 The governing body? 4 The governing body? 5 Des the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the year by the following the year by the following the year by the following at the year by the following at the year by the following the year by the following at the year by the following at the year by the following the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year by the following at the year year officer, dredor, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the government with the year by the ye		· · · · · · · · · · · · · · · · · · ·	3		
8 Des the organization have members or stockholders? 2 Does the organization have members or stockholders, or other persons who may elect one or more members 3 of the governing body? 4 A any decisions of the governing body subject to approval by members, stockholders, or other persons? 5 Did the organization or the governing body subject to approval by members, stockholders, or other persons? 5 Did the organization or the governing body subject to approval by members, stockholders, or other persons? 5 Did the organization or the governing body? 5 Did the organization or the subject to approval by members, stockholders, or other persons? 6 Did the organization or the governing body? 6 Each committee with authority to act on behalf of the governing body? 7 Is a the organization or maining address? If "Yes," provide the names and addresses in Schedule O 8 Did the organization is mailing address? If "Yes," provide the names and addresses in Schedule O 8 Did the organization is mailing address? If "Yes," provide the names and addresses in Schedule O 8 Did the organization is mailing address? If "Yes," provide the names and addresses in Schedule O 8 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization organization and the process, if any, used by the organization to review this Form 990 9 Did the organization have a written organization to review this Form 990 9 Did the organization have a written organization organization to review this Form 990 9 Did the organization have a written organization organization organization and enforce compliance with the policy? If "Yes," and to conflicts? 10 Did the organization have a written down this is done 11 Did the organization have a			4		
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Sandra L. Meyer 1214 Forest Drive	Sec	tion C. Disclosure			
available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. In Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Sandra L. Meyer. 1214 Forest Drive	17				
Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Sandra L. Meyer 1214 Forest Drive	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Sandra L. Meyer 1214 Forest Drive 					
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Sandra L. Meyer 1214 Forest Drive					
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Sandra L. Meyer 1214 Forest Drive	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
organization ▶ Sandra L. Meyer 1214 Forest Drive		· ·			
	20				
	_				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

X Check this box if the organization	did not compens	sate	any o	curre	nt of	ficer,	, dıre	ctor, or trustee		
(A) Name and Title	(B) Average	Pos	(C) osition (check all that apply)				pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
James D. Meyer										·
President	20.00	X		X				0	0	0
Michael G. Meyer									•	•
Trustee Sharon Burns		X		_			_	0	0	0
Trustee		x						o	0	0
Nick Huff		╁┸				╁┈			<u> </u>	
Trustee		x						o	0	0
		<u> </u>								
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	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to the more than \$100,000 in compensation from the organization ▶	ose listed above) who received	0
AΑ			Form 990 (2009

	<u>t VI</u>	III Statement of Reve	<u>, iiuc</u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	1a						
E		Membership dues	1b						
S,E	С	Fundraising events	1c						
a it		Related organizations	1d						
S,E		Government grants (contributions)	1e						
rior S		All other contributions, gifts, grants,							
호취		and similar amounts not included above	1f		1				
E D	q	Noncash contributions included in lines 1a-		;					
Program Service Revenue and other similar amounts	_	Total. Add lines 1a-1f			▶	ĺ			
e l					Busn. Code				
je	2a	Homes for the Aged				13,437	13,437		
<u>ھ</u>	b	•		Ī					
is	С			Ī					
Ę,	ď			Ī					
E	е			Ī					
ge	f	All other program service revei	nue						
ڇ		Total. Add lines 2a-2f			•	13,437			
	3	Investment income (including of	lividend	s, interest,	and				
		other similar amounts)			•	17,388	17,388		
	4	Income from investment of tax-	-exempt	bond prod	ceeds ▶				
	5	Royalties		-	_ ▶ □				
		(ı) Real		(II) Pe	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)			•	ļ.			
	7a	Gross amount from sales of assets (i) Securitie	s	(11) (Other				
		other than inventory 69	, 680		10,900				
	b	Less cost or other							
Ì		·	,286		8,422				
	C	Gain or (loss)	<u>, 606</u>		2,478				
	d	Net gain or (loss)	_		•	-15,128			-15,128
	8a	Gross income from fundraising ever	nts						
ᇍ		(not including \$			İ				
8		of contributions reported on line 1c)							
E		See Part IV, line 18	a						
Other Revenue	b	Less direct expenses	ь						
-		Net income or (loss) from fund	~ ~ ~	vents	•				
	9a	Gross income from gaming activitie	s						
		See Part IV, line 19	a			-			
		Less direct expenses	ь[
	С	Net income or (loss) from gam	ing activ	rities	<u> </u>				
1	0a	Gross sales of inventory, less							
		returns and allowances	a						
}		Less cost of goods sold	b∖						
<u> </u>	С	Net income or (loss) from sales			•				
_		Miscellaneous Revenue			Busn Code				
1	11a	Independent Living Lo	ts Sol	.a L		-16,938			-16,938
	b								
	С			1					
	d	All other revenue		L					
	-	Total. Add lines 11a–11d			▶ -	-16,938	22 225		
1	12	Total Revenue. See instruction	ns		P	-1,241	30,825		032,066

Form 990 (2009) Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts consisted an line. Ch	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	87,304	87,304		
•	organizations in the U.S. See Part IV, line 21	67,304	87,304		
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	100		100	
b	9	186		186	
	Accounting				
d					
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				<u> </u>
12	Advertising and promotion				
13	Office expenses	<u> </u>			
14	Information technology	<u> </u>		·	
15 16	Royalties	94	94		
16 47	Occupancy		94		
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings		·-		
19 20	Interest	10,778	10,778		
21	Payments to affiliates	10,178	10,116		
22	Depreciation, depletion, and amortization	10,139	10,139		
23	Insurance		10,139		
	cararres				
24	Other expenses Itemize expenses not			Ì	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Consultant Fees	6,100	3,050	3,050	· -·
b	Real Estate Taxes	2,001	2,001	-7	
С	Telephone	1,438	719	719	·
d	Foreign Taxes	1,068	1,068		
0	Supplies	185		185	
f	All other expenses	56	56		
25	Total functional expenses. Add lines 1 through 24f	119,349	115,209	4,140	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
ΛΛΛ	fundraising solicitation				

<u>Part</u>	X · Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		8,799	1	30,62
2	Savings and temporary cash investments	<u> </u>	6,133	2	30,02
3	Pledges and grants receivable, net	-			<u> </u>
4	· · · · · · · · · · · · · · · · · · ·	-		3	
	Accounts receivable, net	-		_4	
5	Receivables from current and former officers, directors, the	-			
	employees, and highest compensated employees. Compli	ete Part II of		_	
	Schedule L	 		5	
6	Receivables from other disqualified persons (as defined u				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
2 _	Part II of Schedule L	_		6	
5 7	Notes and loans receivable, net	_		7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	, ,	- ·-	9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a 859,452			
t	Less accumulated depreciation	10b 27,819	910,097	10c	831,633
11	Investments—publicly traded securities		1,190,110	11	831,633 1,102,824
12	Investments—other securities See Part IV, line 11	<u>_</u>		12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	34,402
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,109,006	16	1,999,486
17	Accounts payable and accrued expenses		55,057	17	76,193
18	Grants payable	Γ		18	.
19	Deferred revenue	Γ		19	
20	Tax-exempt bond liabilities	F		20	
21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
21 22	Payables to current and former officers, directors, trustees	h-			··
;	employees, highest compensated employees, and disqual				
	persons Complete Part II of Schedule L		192,630	22	182,564
23	Secured mortgages and notes payable to unrelated third p	narties	232,000	23	102/00-
24	Unsecured notes and loans payable to unrelated third part	-	50,000	24	50,000
25	Other liabilities Complete Part X of Schedule D		30,000	25	30,000
26	Total liabilities. Add lines 17 through 25	F	297,687	26	308,757
	Organizations that follow SFAS 117, check here	and	291,001	20	300,131
27 28 29	complete lines 27 through 29, and lines 33 and 34.	and			
27	•				
20	Unrestricted net assets	<u> -</u>		27	
28	Temporarily restricted net assets	<u> </u>		28	
29	Permanently restricted net assets			29	
.	Organizations that do not follow SFAS 117, check here				
;	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds	⊢		30	
31	Paid-in or capital surplus, or land, building, or equipment fi	—		31	
32	Retained earnings, endowment, accumulated income, or o	other funds	1,811,319	32	1,690,729
30 31 32 33 34	Total net assets or fund balances	L	1,811,319	33	1,690,729
34	Total liabilities and net assets/fund balances	ŀ	2,109,006	34	1,999,486

Form **990** (2009)

Form	1990 (2009) Lexington Retirement Corporation 73-1461328		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		}	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Lexington Retirement Corporation

Employer identification number 73–1461328

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization (described on lines 1-9 in col (i) listed in your ganization in col support (i) organized in the col (I) of your above or IRC section governing document? US? support? (see instructions)) Yes Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

SCITE	ddie A (Politi 990 01 990-EZ) 2009 - 116A					-14 <u>01320</u>	Page 2
Ή	art II Support Schedule for O	ganizations D	escribed in So	ections 170(b)	(1)(A)(iv) and '	170(b)(1)(A)(vi)	
<u> </u>	(Complete only if you che	cked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support		T	T	· · · · · · · · · · · · · · · · · · ·	r	r ·
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-					
11	Total support. Add lines 7 through 10						-
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourtl	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						>
	tion C. Computation of Public Su	 					
14	Public support percentage for 2009 (line 6,	column (f) divided l	by line 11, column ((f))		14	%
15	Public support percentage from 2008 Schee					15	<u>%</u>
16a	33 1/3 % support test—2009. If the organic			3, and line 14 is 33	1/3 % or more, che	ck this box	. —
	and stop here. The organization qualifies a		•				▶ [_]
b	33 1/3 % support test—2008. If the organi				s 33 1/3 % or more	e, check this	
	box and stop here. The organization qualifi		• •				▶ [_]
17a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fac			•	•	/ how the	استنا
	organization meets the "facts-and-circumsta	inces" test. The org	ganızatıon qualıfies	as a publicly suppo	orted organization		▶ ∐
b	10%-facts-and-circumstances test—2008	-					
18	more, and if the organization meets the "factorganization meets the "facts-and-circumstated Private foundation. If the organization did	ences" test. The org	ganızatıon qualıfies	as a publicly suppo	orted organization		>
-		u box on	, .ou, .ob,	, or b, or ock	DOX and SCC III	0 300113	F

73-1461328

Page 3

 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 6,475 347,724 6.471 360,670 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,709,941 140,314 13,437 1,863,692 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,716,416 488,038 6,471 13,437 2,224,362 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from 2,224,362 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 1,716,416 488,038 6,471 13,437 2,224,362 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,097 92,019 36,137 20,651 17,388 167,292 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 1,097 92,019 36,137 20,651 17,388 167,292 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 198 -33,195 -46,300 -6,936 -16,938-103,171 13 Total support. (Add lines 9, 10c, 11, 1,717,711 546,862 -10,163 20,186 13,887 2,288,483 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 97.20% Public support percentage from 2008 Schedule A, Part III, line 15 16 87.52% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 7% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 3% 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Lexington Retirement Corporation

73-1461328

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

Independent Living Units (net)

\$ -103,171

SCHEDULE D (Form 990)·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Name	e of the organization		Employer identification number
	exington Retirement Corporation		73-1461328
Pa	the organization answered "Yes" to Form 990, F		ccounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	_
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
_Pa	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	I that apply)	
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic st	ructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservat	ion
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure include	led in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	i	2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during
	the taxable year		
4	Number of states where property subject to conservation easement is loc	eated •	
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
	-		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year	
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easemen	its in its revenue and expense statement, a	nd
	balance sheet, and include, if applicable, the text of the footnote to the organization	ganization's financial statements that descr	ibes
	the organization's accounting for conservation easements		
Pa	organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		imilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	vorks of
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	olic service,
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its r	evenue statement and balance sheet work	s of art,
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or ot	her sımılar assets for financıal gaın, provide	e the
	following amounts required to be reported under SFAS 116 relating to the	ese items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		*

		Retirement (corporation	<u> </u>	<u>/3-146</u>	1328			Page 2
Рa	rt III Organizations Maintaining (Collections of Art,	Historical Treas	ures, or	Other Si	milar As	sets (continue	ed)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	k any of the following	that are a s	ignificant us	e of its		•	
а	Public exhibition	d Loan	or exchange program	ıs					
b	Scholarly research	e Othei							
С	Preservation for future generations						_		
4	Provide a description of the organization's collect Part XIV	ctions and explain how th	ey further the organiz	ation's exe	mpt purpose	e in			
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, hi	storical treasures, or	other simila	r			□ va-	
Da	art IV Escrow and Custodial Arrar				warad "V	oo" to Fo	-m 00) Yes	No No
	IV, line 9, or reported an amo			alion ans	wereu i	es lo ro	פכ וווו	U, Pait	
12									.
Id	Is the organization an agent, trustee, custodian or	or other intermediary for	contributions or other	assets not					□ .
	included on Form 990, Part X?							Yes	i No
D	If "Yes," explain the arrangement in Part XIV and	complete the following	table					A 1	
						<u> </u>		Amount	
	Beginning balance					1c			
	Additions during the year					1d			
0	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Form	990, Part X, line 21?						Yes	No No
	If "Yes," explain the arrangement in Part XIV		1 //3 / 11 /						
Pa	art V Endowment Funds. Comple								
		(a) Current year	(b) Prior year	(c) Two ye	ears back	(d) Three yea	rs back	(e) Four	years back
1a	Beginning of year balance								
þ	Contributions			-					
C	Net investment earnings, gains,								
	and losses			 					
	Grants or scholarships			<u> </u>					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses		 .						
g	End of year balance								
2	Provide the estimated percentage of the year en	d balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization that	it are held and admini	stered for tl	ne			_	
	organization by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations list							_3b	
4	Describe in Part XIV the intended uses of the organization								
Pa	ert VI Investments—Land, Buildin								
	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Accur			(d) Book v	alue
		(investment)	basis (other		deprec	ation	 		
	Land		822	,702			 	82	2,702
b	Buildings						<u> </u>		
C	Leasehold improvements								
d	Equipment			,154		24,624			<u>3,530</u>
	Other			,596		3,195	5		5,401
Γotal	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10(c))			>	1	83	1,633

Schedule D (Form 990) 2009 Lexing Con Recifement		73-1401320	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security) Financial derivatives		Cost or end-of-year market v	alue
Closely-held equity interests			
Other			
Ollei			
			
			
		 	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		,	
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market v	alue
			<u> </u>
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			Daakwaka
(a) Description		(b)	Book value
			
	···· .		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 25	5		
1 (a) Description of liability	(b) Amount		
Federal income taxes		_	
		_	
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	<u></u>	-	
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	- 	1	
	 	1	
Total (Column (h) must oqual Form 000 Bort V and (D) line 05		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	rotion's finencial statements	that ranged the	
FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiz	auon s iinanciai statements	macreports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Lexington Re	tirement	Corporation	73-1461328	8	Page 4
<u>P</u> a	rt XI Reconciliation of Change in Ne	t Assets from	Form 990 to Audi	ted Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line	12)			1	
2	Total expenses (Form 990, Part IX, column (A), line	25)			2	
3	Excess or (deficit) for the year Subtract line 2 from li	ine 1			3	
4	Net unrealized gains (losses) on investments				4	
5	Donated services and use of facilities			1	5	
6	Investment expenses				6	
7	Prior period adjustments			<u> </u>	7	
8	Other (Describe in Part XIV)			1	8	
9	Total adjustments (net) Add lines 4 through 8			1	9	
10	Excess or (deficit) for the year per audited financial s			L	10	··· —
	rt XII Reconciliation of Revenue per		•	<u>/ith Revenue per Retu</u>	ırn	
1	Total revenue, gains, and other support per audited to		S	-	1	
2	Amounts included on line 1 but not on Form 990, Par	rt VIII, line 12	i	1		
a	Net unrealized gains on investments		2a		İ	
b	Donated services and use of facilities		<u>2b</u>			
C	Recoveries of prior year grants		<u>2c</u>			
d	Other (Describe in Part XIV)		2d_	<u> </u>		
e	Add lines 2a through 2d			<u> </u>	2e	
3	Subtract line 2e from line 1		1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, bu					
a	Investment expenses not included on Form 990, Par	t VIII, line /b	4a			
b	Other (Describe in Part XIV)		4b	<u> </u>	ا ــا	
	Add lines 4a and 4b	Farm 000 Dard I II	42)	 	4c 5	
	rt XIII Reconciliation of Expenses per			Nith Evnenses ner Re		· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial state		ilciai Statements	With Expenses per ite	1	
2	Amounts included on line 1 but not on Form 990, Pai			}		
- а	Donated services and use of facilities	17, III 6 25	2a	1		
b	Prior year adjustments		2b		- 1	
c	Other losses		2c			
d	Other (Describe in Part XIV)		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1			Ī	3	
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:]	ſ		
а	Investment expenses not included on Form 990, Par		4a		[
	Other (Describe in Part XIV)	,	4b			
	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4c. (This must equa	ıl Form 990, Part I,	line 18)		5	
	rt XIV Supplemental Information					
Comp	plete this part to provide the descriptions required for F	Part II, lines 3, 5, ai	nd 9, Part III, lines 1a an	d 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII	, lines 2d and 4b, a	and Part XIII, lines 2d and	d 4b Also complete		
his p	art to provide any additional information					
				. 		
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Schedule D (F	orm 990) 20	09	Lexin	ngton	Reti	remen	t Co:	rpor	atio	n	73	-146	1328		Page 5
Schedule D (F	Supple	menta	l Inform	mation	(continu	ed)				_					
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Lexington Retirement Corporation

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

73-1461328

ջ ⊠ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Humanitarian Aid (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of Various 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 34,284 Cost 52,020 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable ന 20-4252033 General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? LA 71301 Humanitarian Relief Foundation (a) Name and address of organization Enter total number of other organizations or government 1906 Gus Kaplan Drive Alexandria Part II Part

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

Schedule I (Form 990) 2009

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Schedule I (Schedule I (Form 990) 2009 Lexington Retirement Corporation	tirement Cor		73-1461328		Page 2
Part III	Grants and Other Assistance to Individuals in the U	to Individuals in the	e United States. Con	nplete if the organiza	Inited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	
	Use rail IV alid Schedule I-1 (rollii 880) II addillollai space is lieeded	(rollii 990) ii addillo	ilai space is lieeded			
	(a) Type of grant or assistance	(p) Numper of	(c) Amount of	(q) Amonnt of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
•						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addition	onal information.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

Lexington Retirement Corporation 73-1461328 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (f) Approved (g) Written or from the principal amount by board or agreement? organization? committee? Yes No Yes No Yes No То From Note to James D. Meyer X 192,630 182,564 X Operational X X 182,564 **Total** Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of ora interested person and the transaction revenues? organization Yes No

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Inspection

Lexington Retirement Corporation

Employer identification number 73–1461328

Form 990, Part VI, Line 2 - Related Party Information Among Officers

James D. Meyer

Michael G. Meyer

President

Director

Brothers

James/ Michael Meyer

Sharon Burns

Pres/Dir

Director

Cousins

James D. Meyer

Nick Huff

President

Director

Son in Law

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The board of Lexington Retirement Corporation will generally review Form
990 at its completion and vote on its acceptance.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Copies are made upon request to our organization.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Lexington Retirement Corporation

Related Organizations and Unrelated Partnerships

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

See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2009

Employer identification number 73-1461328

Part I	Identification of Disregarded Entities (Complete if the o	rganization answer	ed "Yes" to Form 9	organization answered "Yes" to Form 990, Part IV, line 33.)		
	(a) Name, address, and ElN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the orgation of the tax year.)	nization answered	"Yes" to Form 990,	Part IV, line 34 bed	ause it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Humani 1906 G	an Relief Foundat aplan Drive	4	;	, L	Ē	
Alexandria	dria	Kellet	ry I	100	St. Ct	N/A
						,
For Privacy	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 9	. 990.			Sched	Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

Page 2

73-1461328

Lexington Retirement Corporation

(J) General or managing partner? Schedule R (Form 990) 2009 Yes Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) amount in box 20 of Schedule K-1 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI (Form 1065) end-of-year assets Share of 6 (h) Dispro-portionate Yes No alloc 2 (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) (d) Direct controlling entity (d) Direct controlling entity Legal domicite foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ĕ

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Lexington Retirement Corporation Schedule R (Form 990) 2009

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Note	1 Dur

- Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to other organization(s)
 - c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets
 - n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	(c) Amount involved	
nd transaction thresholds	(b) Transaction type (a-r)	
If the answer to any of the above is it es, see the instructions for information on who must complete this line, including covered relationships and the above is it expected the above is a second to the above is a seco	(a) Name of other organization	

(1)	Humanitarian Relief Foundation, Inc	q	86,304
(2)	Humanitarian Relief Foundation, Inc	Ħ	
(3)			
(4)			
(5)			

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73-1461328

Schedule R (Form 990) 2009 Lexington Retirement Corporation

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

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

(h) neral or	managing partner?	No		 					0) 2009
Gen	ma par	Yes		 					orm 99
(g) Code V—UBI	amount in box 20 of Schedule K-1 (Form 1065)						:		Schedule R (Form 990) 2009
rtionate	ons?	٩			 				1
(f) Disproportionate	allocat	Yes	· · · · · ·						1
(e) Share of	end-of-year assets								
(d) Are all partners	section 501(c)(3) organizations?	٩							
Are all p	section 501(c)(3) organization	Yes							1
(c) Legal domicile	(state or foreign country)								
(b) Primary activity									
(a) (b) (c) Name, address, and EIN of entity Primary activity Legal domicile									

990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

For calendar year 2009, or tax year beginning

, and ending

192,630

2009

182,564

Name

Totals

Employer Identification Number

L	exington Retire	ment Corpor	ation	73-1461328				
	orm 990, Part X			Information				
(1)	Note to James	ne of lender	 	T	ıtle			
(2)	Note to balles	D. Meyer						
(3)			 					
(4)								
(5)				 				
(6)								
(7)	······································							
(8)								
(9)								
(10)								
	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest			
(1)	192,630	01/01/09	12/31/12	Demand Note	rate 6 . 000			
(2)				20114114114	3.000			
(3)								
(4)					· · · · · · · · · · · · · · · · · · ·			
(5)				-	-			
(6)								
(7)			"					
(8)								
(9)								
(10)								
	Security or	ovided by borrower		Purpose o	of Ioan			
(1)	None	21.202.57.20		Operational	, loan			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)				-				
(8)								
(9)								
(10)				<u> </u>				
								
	Consideration f	furnished by lender		Balance due at beginning of year	Balance due at end of year			
(1)				beginning of year 192,630	182,564			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)	 							
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