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## Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

À	For th	e 2009 calendar year, or tax year beginning $JUL1,2009$ and ending $JU$	N 30		2010
В	Check if applicab	le Please C Name of organization	D Empl	loyer i	dentification number
	Addres	s use IRS			
	Name Change	print of ROTARY CLUB OF LEXINGTON, INC.	04	4-6	111812
⊢	Initial				number
<u> </u>	Term	1 300 1	50	าล	660-6512
  -	_ated	Instructions City or town, state or country, and ZIP + 4	F Grou		
⊢	returr Applica pendir	1	l .	iber 🕨	
<u>اا</u>					
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accou	-		Casii Accidai
			(specify)		
					he organization is <b>not</b>
<u>J</u>	Tax-ex				lule B (Form 990, 990-EZ, or 990-PF)
K	Check			han \$2	25,000. A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete re	turn.		
<u>L_</u>	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>      \$                              </u>	182,643.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr	uctions	for Par	
	1	Contributions, gifts, grants, and similar amounts received		1	4,902.
	2	Program service revenue including government fees and contracts		2	60,991.
	3	Membership dues and assessments	ſ	3	61,365.
	4	Investment income		4	3,385.
	5a	Gross amount from sale of assets other than inventory STMT 4 5a 52,0	00.		
	Ja h	Less: cost or other basis and sales expenses  5b 51,9			
	ן י	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	,,,,	5c	22.
d)	C	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	⊾r—t	- 50	
Ž	6				
Revenue	a	Gross revenue (not including \$ of contributions	ł		
ď		reported on line 1)	1		
	b	Less: direct expenses other than fundraising expenses 6b		_	
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	ŀ	-6c	
	7a	Gross sales of inventory, less returns and allowances 7a			
9	b	Less: cost of goods sold			
2010	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	ļ	7c	
	8	Other revenue (describe	)	8	
ف	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	130,665.
	10	Grants and similar amounts paid (attach schedule)		10	
ED NOV	11	Benefits paid to or for members Benefits paid to or for members		11	
S	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors OGDEN, UT		13	2,600.
売 â	14	Occupancy, rent, utilities, and maintenance		14	
SCANNE   Expe	15	Printing, publications, postage, and shipping		15	2,550.
<b>A</b>	16	Other expenses (describe SEE STATEMENT	1)	16	91,976.
$\circ$	17	Total expenses. Add lines 10 through 16	<b></b>	17	97,126.
<u>က</u> —	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	33,539.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
SSI		(must agree with end-of-year figure reported on prior year's return)		19	117,064.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT	5	20	8,613.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	159,216.
Р	art II		orm 99		
<u> </u>	<u> </u>	(See the instructions for Part II.)  (A) Beginning		T	(B) End of year
20	Car		,753	. 22	59,786.
22		•	, , ,,,	23	
23		nd and buildings er assets (describe ► SEE STATEMENT 2 ) 71,	065		
24		440	818		
25			$\frac{318}{754}$		
26			, 154 , 064		
932	Ne 171 08-10		, 004	•   41	Form <b>990-EZ</b> (2009)
02-	08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			101111 000 (2009)

Form 990-EZ (2009) ROTARY CLUB OF LEXINGTON,	INC.		<u>04-6</u>	<u> 1118</u>	12 Page 2
Part III Statement of Program Service Accomplishment	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? SEE STATEMENT	<del></del>	· · · · · · · · · · · · · · · · · · ·	(1		r section 501(c)(3)
· · · · · · · · · · · · · · · · · · ·				ınd 501(c)(4	) organizations and
Describe what was achieved in carrying out the organization's exempt pur			1		7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan				or others )	
28 ROTARY CLUB OF LEXINGTON, INC. VOLU	NTARILY PROVI	DES GRANT	<u>s</u>		
TO OTHER CHARITABLE ORGANIZATIONS.				ĺ	
			_		
(O + 0		<b>&gt;</b>		8a	13,308.
(Grants \$ ) If this amount includes foreign of				oal -	13,300.
29 COMMUNITY SERVICE: DINNERS FOR SEN	HOR CITIZENS	AND			
GOODWILL TO THE COMMUNITY.					
(Grants \$ ) If this amount includes foreign	grants check here		والت	9a	172.
	TAINS A PUBLI	C	<u> </u>	<u> </u>	
ASSISTANCE PROGRAM PROVIDING INDIGE	NT FAMILIES W	ITH FOOD			
AND CLOTHING.					
(Grants \$ ) If this amount includes foreign g	grants, check here		[ ] 3	0a	71,874.
31 Other program services (attach schedule) SEE STATEMENT					
· ·		_		4.	0 750
(Grants \$ ) If this amount includes foreign of	grants, check here	<u>P</u> _	-	1a	8,750.
32 Total program service expenses (add lines 28a through 31a)				32	94,104.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (	See the in	structions f	or Part IV)
			(d) Cont	tributions	
	(b) Title and average hours	(c) Compensation	to em	ployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	benefit	plans &	account and
	position	-0)	defe	erred	other allowances
			compe	ensation	
DOUGLAS HOLMES, 4 JOHN WILSON LANE,	PRESIDENT, DI	RECTOR			
LEXINGTON, MA 02421	1.00	0.		0.	0.
		RECTOR			•
DONNA LEARY	-			•	
8 ASH STREET, LEXINGTON, MA 02421	2.00	0.		0.	0.
DAVID SIEKMAN, 1666 MASSACHUSETTS	SECRETARY, DI	RECTOR			
AVE, LEXINGTON, MA 02421	1.00	0.		0.	0.
SPENCER BETTS, 35 BEDFORD STREET,	IMMEDIATE PAS		NT	DIR	
	-	0.	,	0.	٠ .
LEXINGTON, MA 02420	1.00			<u> </u>	0.
DAVID BROTHER	PRESIDENT ELE	CT, DIREC	TOR		
3 EMERY ROAD, BEDFORD , MA 01730	1.00	0.	1	0.	0.
MURRY AWRACH, 19 MUZZEY STREET,	FIRST VICE PR	ESIDENT.	DIRE	CTO	
SUITE 210, LEXINGTON, MA 02421	1.00	Ó.		0.	0.
		0.			
FRANK SMITH	DIRECTOR		ļ	•	
4 CLEMATAS ROAD, LEXINGTON, MA 02421	1.00	0.		0.	0.
JAMES FREEHLING	DIRECTOR	•			
19 FOREST DRIVE, SAUGUS, MA 01906	1.00	0.		0.	0.
23 TOTALDE DITETEL DITEGORY III VISVO		-			
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932172 02-08-10				Form	990-EZ (2009)
					· /

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			1
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			l
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	•		
	year or is it 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	40Ъ		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958	Ì		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		v
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
	List the states with which a copy of this return is filed. ► MA  The organization's books are in care of ► DONNA LEARY  Telephone no. ► 508 66	0 6	<u> </u>	
42 a	The organization's books are in care of ► DONNA LEARY  Located at ► 8 ASH STREET, LEXINGTON, MA  Telephone no. ► 508 66			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	444	<u> </u>	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	125		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
٠	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>&gt;</b>	
		N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	_		
_	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2009)

orm 990-E				04-6111			Page 4
Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.						
l6 Did th	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	candidates for public			Yes	No
	? If "Yes," complete Schedule C, Part I				46		
7 Did th	e organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II			47		<u> </u>
	organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Ye				48		
	e organization make any transfers to an exempt non-charitable related	d organization?			49a		<del> </del>
	s," was the related organization a section 527 organization?				49b		<u> </u>
	lete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key er	npioyees) who e	acii re	ceivea	more
	(a) Name and address of each employee paid more than \$100,000  N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	( a oth	e) Expe ccount er allov	
					+		
					-		
51 Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated indeper ization. If there is none, enter "None."	ndent contractors who each recei	ved more than \$100	,000 of compens	ation 1	rom th	е
	N/A  (a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of se	vice (	c) Con	npensa	tion
			1				
d Total	number of other independent contractors each receiving over \$100,0	00	<b>&gt;</b>	<b>!</b>			
Sign Here	Under penalties of perply, I declare that I have examined this return, including correct, and complete the declaration of prepared (other than officer) is based on all Signature of other	accompanying schedules and stateme Il information of which preparer has any	nts, and to the best of my knowledge	y knowledge and b	elief, it i	true,	
	DONNA LEARY, TREASURER Type or print name and title						
Paid	Preparer's signature		eck if self-	parer's identifying	number	(See ins	tr )
Preparer's Use Only	Firm's name (or yours STONE & COMPANY, LLC	10/04/10 em	EIN	<b>)</b>			
	address, and ZIP+4 DEXINGTON, MA 02420-4		Phoi no.	ne <b>▶</b> (781)	86	53-6	<u> 300</u>
	——————————————————————————————————————				7		- 1

May the IRS discuss this return with the preparer shown above? See instructions

(781) 863-6300 ► X Yes No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
EVENT EXPENSES			12,33	33.
MEETING EXPENSES			24,23	
ANNUAL CASH RAFFLE			14,55	
DUES & SUBSCRIPTIONS			14,77	
DONATIONS			13,30	
MEMBER AWARDS				.7.
BAD DEBT EXPENSE				30.
MANAGEMENT FEES				27.
SUPPLIES				57.
OTHER			1,78	
SCHOLARSHIP			8,75	50.
TOTAL TO FORM 990-EZ, LINE 16			91,97	76.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
INVESTMENTS - PUBLICLY TRADED	SECURITIES	69,311.	85,69	95.
RESTRICTED CASH		1,754.	2,73	
MEMBERS FEES RECEIVABLE		0.	13,73	
TOTAL TO FORM 990-EZ, LINE 24		71,065.	102,16	55.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
DEPOSIT BALANCE FOR HOUSE PROJ	JECT	1,754.	2,73	35.
TOTAL TO FORM 990-EZ, LINE 26		1,754.	2,7	35.
TOTAL TO FORM 330-EG, LINE 40		1,754.	4,1.	٠.

FORM 990-EZ	GAIN	(LOSS) FROM PUB	LICLY TRADED SE	ECURITIES	STATEMENT 4
DESCRIPTION		GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
BRITISH SKY BROADCASTING GENERAL MOTORS		10,000.	10,006.	0.	-6.
ACCEPT CORP		12,000.	11,892.	0.	108.
GENERAL MOTORS ACCEPT CORP		30,000.	30,080.	0.	-80.
TO FORM 990-EZ,	LINE	5 52,000.	51,978.	0.	22.
FORM 990-EZ	OTHER	CHANGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT 5
DESCRIPTION					AMOUNT
NET UNREALIZED	GAIN I	N FAIR MARKET V	ALUE OF SECURIT	TIES	8,613.
TOTAL TO FORM 9	90-EZ,	LINE 20		-	8,613.

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACT	rs		S	TATE	MENT	6
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FURDIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?		[	]	YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT	r? .	. [	]	YES	[x]	NO

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STATEMENT

7

THE ROTARY CLUB OF LEXINGTON IS PART OF ROTARY INTERNATIONAL, THE WORLD'S FIRST SERVICE CLUB ORGANIZATION, MADE UP OF OVER 33,000 CLUBS IN MORE THAN 200 COUNTRIES AND GEOGRAPHICAL AREAS. ITS MEMBERS FORM A GLOBAL NETWORK OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS WHO VOLUNTEER THEIR TIME AND TALENTS TO SERVE THEIR COMMUNITIES AND THE WORLD.

ROTARY'S MOTTO, SERVICE ABOVE SELF, EXEMPLIFIES THE HUMANITARIAN SPIRIT OF THE ORGANIZATION'S MORE THAN 1.2 MILLION MEMBERS.

FORM 990-EZ OTHER PROGRAM SERVICES	S	PATEMENT 8
DESCRIPTION	GRANTS	EXPENSES
ROTARY CLUB OF LEXINGTON, INC. AWARDS SCHOLARSHIPS ANNUALLY TO HIGH SCHOOL SENIOR RECIPIENTS FOR HIGHER	0.	8,750.
TOTAL TO FORM 990-EZ, LINE 31		8,750.