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SCANNED NOV 2 9 2010

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-1150

2009

Open to Public Inspection

| _ | For t | he 2009 ca | lendar | year, or tax year beginnin | g Jul 1 | , 20 | 009, and er | iding Jun . | _ | | 2010 |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|--------------------------------------------------------|--------------------------------------------------|--------------------|---------------|---------------------------|----------------|--------------------------------------------------|---------------------------------------------|
| <u>B</u> _ | Check | rf applicable | 1 | C Name of organization | | | | | DE | nployer ic | lentification number |
| | Addres | s change | Please use IRS | Lexington Park | Rotary Foundat | tion. | Inc | | 1 5 | 2-12 | 31824 |
| X | Name | change | label or | | box, if mail is not delivered to | | | om/suite | | elephone | |
| | Initial r | return | print or type. | | , | | | | - 1 | - | |
| | Termin | ation | See Specific | P.O. Box 202 | | | | | 5 | 30T) | 475-5247 |
| | Amend | led return | Instruc- | City or town, state or country | , and ZIP + 4 | | | | IF G | roun Ex | emption |
| П | Applica | ation pending | tions. | LEXINGTON PARK | | | MD 20 | 653 | | umber | ▶ |
| | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts . G Accounting method X Cash Accrual | | | | | | | | | | |
| | | • Secuon : | DUI(C)(: | s) organizations and 494/(ach a completed Schedule | aj(i) nonexempt char o A /Form 990 or 990 l | T(able trus F7) | 15 . | Other (sp | - | , <u></u> | 71001441 |
| | | | 703t Bill | aen a completea ocheaan | - A (1 01111 550 01 550 E | /· | | H Check ► | _ | the ere | operation in pat |
| | Wah | site: ► N | 1 / ħ | | | | | | | | anızatıon ıs not ule B (Form 990, |
| ٠. | | | | | 22.14 | **** | | 990-EZ, c | | | ule D (FOITH 550, |
| <u>J</u> _ | 1 Tax-exempt status (check only one) — [A] 501(c) (3) ~ (insert no.) [494/(axt) or [52/] | | | | | | | | | | |
| K | K Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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 return | | | | | | | | | | |
| | | | | | | | | | i, be su | ie to ili | e a complete return |
| L | Add I | lınes 5b, 6 | b, and λ | 7b, to line 9 to determine g | ross receipts; if \$500, | 000 or mo | re, file For | m 990 | | | |
| | | ad of Form | | | | | | | | ▶ Ş | <u>69,463.</u> |
| Pa | art I | Reve | enue, | Expenses, and Chan | ges in Net Assets | <u>s or Fun</u> | d Balane | ces (See th | <u>e ınstr</u> | uction | s for Part I.) |
| | 1 | Contribut | ions, gi | fts, grants, and similar am | ounts received | | | _ | | 1 | 61,627. |
| | 2 | Program | service | revenue including governr | nent fees and contract | ts | | | | 2 | |
| | 3 | - | | s and assessments | | | | | | 3 | |
| | 4 | Investme | • | | | | | | | 4 | 7,836. |
| | | | | om sale of assets other tha | an inventory | | 5a | | | | 170301 |
| | 1 | | | | | | 5b | | | - | |
| | • | | | er basis and sales expens | | F-3 | 1 30 | | | ┨┋ | |
| Ë | | • | • | ale of assets other than inventory | • | • | | | | 5c | |
| Ě | 1 | | | ctivities (complete applicable part | | | gaming, che | ck nere | | | |
| REVENU | a | Gross rev | /enue (r | not including \$ | of contri | butions | | | | | |
| Ĕ | | reported - | on line | 1) | | | 6a | | | | |
| | b | Less: dire | ect expe | enses other than fundraisin | g expenses | | 6 b | | | | |
| | C | Net income | or (loss) | from special events and activities | (Subtract line 6b from line | 6a) | | | | 6 c | |
| | 7a | Gross sal | les of in | enventory, less returns and a | allowances | | 7a | | | | |
| | b | Less. cos | st of god | ods sold | | | 7b | | | 1 | |
| | 1 | | - | oss) from sales of inventor | v (Subtract line 7b fro | m line 7a |) — <i>——</i> | | | 7 c | |
| | 8 | Other reven | • | • | , (000000000000000000000000000000000000 | | , | | 1 | 8 | · |
| | | | - | | 710 | | | | ' <u> </u> | 9 | 60 462 |
| | 9 | | | add lines 1, 2, 3, 4, 5c, 6c, | | | | | | ~ + | 69,463. |
| | 10 | | | ar amounts paid (attach so | :hedule) | 1 | | | | 10 | 61,064. |
| E | 11 | Benefits | paid to | or for members | | | REC | EIVED | | 11 | |
| E X | 12 | Salaries, | other c | ompensation, and employe | ee benefits | ا ا | | | 10 | 12 | |
| É | 13 | Professio | nal fees | s and other payments to in | dependent contractors | ; _a | NAU 6 | | S | 13 | |
| N S | 14 | Occupan | cy, rent | , utilities, and maintenance |) | | NÓV (| 8 2010 | O | 14 | |
| E | 15 | Printing, | publicat | tions, postage, and shippir | ıg | اکا | | | 21 | 15 | |
| 3 | 16 | Other expen | ises (desc | cribe - See Other Expense | s Statement | - | | erentaria de . | -5! | 16 | 2,099. |
| | 17 | | | Add lines 10 through 16 | | | OGDI | -,1 ()1 | ′ ▶ | 17 | 63,163. |
| | 18 | | | t) for the year (Subtract lin | o 17 from line (1) | | | | | 18 | 6,300. |
| Δ | | | - | | · · · · · · · · · · · · · · · · · · · | | • | | | 10 | 0,300. |
| N S | 19 | Net asset | s or fur | nd balances at beginning o | f year (from line 27, co | olumn (A) |) (must agi | ree with end-of | f-year | 10 | 100 210 |
| N S E E | | | | n prior year's return) | | | | | | 19 | 199,218. |
| S | 20 | | - | net assets or fund balance | • | • | | | _ | 20 | 005 510 |
| | 21 | | | nd balances at end of year. | | | | | | 21 | 205,518. |
| Pa | art II | <u> Bala</u> | nce S | heets. If Total assets on | line 25, column (B) ar | re \$1,250, | 000 or mor | | | | |
| | | | | (See the instructions | for Part II.) | | | (A) Beginni | | | (B) End of year |
| 22 | : Cas | sh, saving: | s, and i | nvestments | | | | 19 | 9,218 | . 22 | 205,518. |
| 23 | Lar | nd and buil | ldıngs | | • | | • | | C | . 23 | 0. |
| 24 | Oth | ner assets | (descrit | be ► |). | | | | | . 24 | 0. |
| | | | | | | | | | | 205,518. | |
| 26 | | al liabilitie | s (desc | cribe ► | • |) . | | | | . 26 | 0. |
| 27 | | | | alances (line 27 of column | (B) must agree with | line 21) | | 19 | 9,218 | o | 205,518. |
| | | | | | | | | | | | |

| Form 990-EZ (2009) Lexington Park Rotary Foundation, Inc 52-1231824 Page 2 | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|----------------------|------------------|-----------------------------------------------------------------------|--|--|--|--|--|--|
| Part III / Statement of Program Ser | vice Accomplishments | (See the instruction | ns.) | | Expenses | | | | | | |
| What is the organization's primary exempt purpose? ch | aritable and educa | tional | | (Regi 501 (| uired for section (3) and (4) (3) and section (a)(1) trusts; optional | | | | | | |
| Describe what was achieved in carrying out the describe the services provided, the number of | organization's exempt purpo | ses. In a clear and cond | ise manner, | orgar | nizations and section | | | | | | |
| program title | persons benefited, or other re | ievant imormation for ea | acn | for of | hers.) | | | | | | |
| 28 Financial assitance provi | ided to twelve (17 |) | | | | | | | | | |
| local Charities and Organ | | | | | | | | | | | |
| 20022 20022 2003 2003 2003 2003 2003 20 | | | | | | | | | | | |
| (Grants \$ 17, 478.) If th | is amount includes foreign gra | ants check here | | 28a | 17,478. | | | | | | |
| | | | | 208 | 2,72,00 | | | | | | |
| | Provided twenty (24) Educational Scholarships for undergraduate degrees | | | | | | | | | | |
| Tot undergraduate degree: | for undergraduate degrees | | | | | | | | | | |
| 20.050.76 | (Grants \$ 38,250.) If this amount includes foreign grants, check here | | | | | | | | | | |
| | | | | 29 a | 38,250. | | | | | | |
| 30 Supported Rotary Interna | ational and Distri | ct_/620 | | | | | | | | | |
| | | | | | | | | | | | |
| 70 | | | | 20- | E 226 | | | | | | |
| (Grants \$ 5, 336.) If th | is amount includes foreign gra | ants, check here | | 30 a | 5,336. | | | | | | |
| , , |) is amount includes foreign gra | ante chack hara | ▶ □ | 31 a | | | | | | | |
| 32 Total program service expenses (add Irr | | ants, check here | <u></u> | 32 | 61,064. | | | | | | |
| Part IV List of Officers, Directors | | nlovees List each on | e even if not com | | | | | | | | |
| rait IV List of Officers, Directors | (b) Title and average hours | | (d) Contributions | | (e) Expense account | | | | | | |
| (a) Name and address | per week devoted | not paid, enter -0) | employee benefit pla | ns and | and other allowances | | | | | | |
| | to position | | deferred compensa | tion | | | | | | | |
| Gene Townsend | | | | | | | | | | | |
| 23274 Nicholson Street | Treasurer | | 1 | | i | | | | | | |
| Hollwood MD 20636 | 2.00 | 0. | · | 0. | | | | | | | |
| Robert Goldsmith | | | | 1 | | | | | | | |
| 43745 Stephenson Drive | director | | | | | | | | | | |
| leonardtown MD 20650 | 0.25 | 0. | | 0. | | | | | | | |
| Michael Patterson | | | | | | | | | | | |
| 23197 Oak Tree Court | Director | | | | | | | | | | |
| California MD 20619 | 0.25 | 0. | | 0. | | | | | | | |
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| <u> </u> | Other information (Note the Statement regardements in the waste for Fact V.) | | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|------------|
| | • | | 162 | NO |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | 33 | | х |
| 34 | each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 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 | | | 1 |
| | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | X_ |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | 36_ | | Χ_ |
| | a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | 7 | | |
| | 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 | | | |
| 39 | Section 501(c)(7) organizations Enter. | 7 | } | |
| | a Initiation fees and capital contributions included on line 9 | _ | | |
| | b Gross receipts, included on line 9, for public use of club facilities | - | | ł |
| 40 | a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | Í | } |
| | section 4911 ► | | | |
| | 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 | 40 b | | <u>x</u> _ |
| | 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 | | | |
| | d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | | |
| | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | x |
| 41 | List the states with which a copy of this return is filed > | | | |
| | | | | |
| 12 | a The organization's | | | |
| 72 | | <u>997</u> | -045 | 52 |
| | books are in care of ► Gene Townsend Telephone no ► (301) Located at ► 23274 Nicholson Street, Hollywood, MD ZIP + 4 ► 20636 | <u>-328</u> | _6 | |
| | h At any time during the colondar year, did the arganization have an interest in an a cignature or other authority areas | _ | Yes | No |
| | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. | 42b | | Х |
| | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | | | |
| | c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42 c | | X |
| | 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 and enter the amount of tax-exempt interest received or accrued during the tax year 43 | | ► [] | |
| | | | Yes | No |
| | Did the execution of the desired 6 and 2 to No. 1 Frame 200 and by a considered and a | | 163 | 140 |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | <u> </u> | X |
| 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 |
| DA. | A TEACHER 01/2010 | rm QQ | n = 7 | (2000) |

| Form 000 E7 / | 2000 | Louington | Dark | Dotary | Foundation, | Tnc |
|-----------------|-------|-----------|------|---------|-------------|------|
| TUIIII 990-EZ (| 2009) | rexington | Lark | _KOLALY | roundacton, | 1110 |

BAA

52-1231824

Page 4

Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х Х is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a Х 49a Did the organization make any transfers to an exempt non-charitable related organization? Х b If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and (b) Title and average (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position other allowances None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter 'None (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here REASURER GENE W Type or print name and title Preparer's Identifying Number (See instructions) Date Preparer's signature **Paid** employed Pre-GT FINANCIAL SERVICES, Firm's name (or yours if self-employed), address, and ZIP + 4 parer's 23274 NICHOLSON ST Use Only 20636-3286 Phone no. ► HOLLYWOOD No May the IRS discuss this return with the preparer shown above? See instructions Yes

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| | Lexington Park Rotary Foundation, Inc 52-1231824 | | | | | | | | | | | | |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------|-----------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------------|--------------|-----------|----------|
| Part | | | | ıs (All organizations | | | | | See ir | nstructi | ions | | |
| The o | ~ | • | | se it is. (For lines 1 through | - | | | | | | | | |
| 1 | ⊨ = | | | ociation of churches descr | | section ' | 170(b)(1 | χΑχί). | | | | | |
| 2 | = | | | A)(ii). (Attach Schedule E | • | | | | | | | | |
| 3 | = | | | e organization described ii | | • • • | • • • • • • • • • • • • • • • • • • • • | • | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | ∏ An | ne, city, and s organization (| operated for the benefit | of a college or university | owned o | r operate | ed by a | governn | nental u | nıt descr | ibed in sec | tion | |
| | 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | | |
| 6 7 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) | | | | | | | | | | | | |
| 8 | ☐ A c | ommunity trus | st described in section | 170(b)(1)(A)(vi). (Complete | e Part II |) | | | | | | | |
| 9 | fror | n activities re estment incon | lated to its exempt func | (1) more than 33-1/3 % of tions — subject to certain ess taxable income (less s complete Part III.) | exceptio | ns. and | (2) no r | nore tha | ın 33-1/3 | 3 % of its | s support fr | om ar | oss |
| 10 | An | organization (| organized and operated | exclusively to test for pub | lic safet | y. See s | ection 5 | 09(a)(4 |). | | | | |
| 11 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 | | | | | | | | | | | | |
| | a ☐ Type I | | | | | | | | | | | | |
| е | e 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). | | | | | | | | | | | | |
| f | | | | | | | | | | | | | |
| g | Sın | ce August 17 | , 2006, has the organiza | ition accepted any gift or | contribu | tion fron | n any of | the foll | owing pe | ersons? | | · · · · · | - |
| | ~ | | | | | | | - 1 | | 4.6.3 | | Yes | No |
| | (i) | a person w below, the | governing body of the s | controls, either alone or to upported organization? | ogetner v | with pers | sons des | cribea i | n (II) an | a (III) | 11g (i) | | |
| | (ii) | a family me | ember of a person desc | cribed in (i) above? | | | | | | | 11g (ii) | | |
| | (iii) | a 35% con | trolled entity of a persor | n described in (i) or (ii) ab | ove? | | | | | | 11 g (iii) | | <u> </u> |
| h | Pro | vide the follow | wing information about t | he supported organization | ns | | | | | | | | |
| | | ne of Supported rganization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat | is the tion in col I in your erning ment? | the organ | ou notify ization in (i) of ipport? | (vi) I organizat (i) organi U S | s the ion in col zed in the S ? | (vii) Amour | nt of Sup | port |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
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| Total | | | | | | | | | | | | | |
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| Sche | dule A (Form 990 or 990-EZ) 2009 | <u>Lexingto</u> | n Park Rota | ary Foundat | ion, Inc | 52-12318 | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------|---------------|
| Par | t II Support Schedule for | • | | | (b)(1)(A)(iv) an | nd 170(b)(1)(A | ()(vi) |
| | (Complete only if you checke | d the box on line | 5, 7, or 8 of Part | l.) | | | |
| | tion A. Public Support | | | | | | |
| begi | ndar year (or fiscal year nning in) > | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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 | | | | <u> </u> | | <u> </u> |
| Sec | tion B. Total Support | , | | | | T | т |
| | ndar year (or fiscal year nning 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 form 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 activ | ities, etc (see ins | tructions) | | | 12 | |
| | First five years. If the Form 990 organization, check this box and | stop here | | d, third, fourth, o | r fifth tax year as | a section 501(c) | (3) |
| | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | • | •• | e 11, column (f) | | 14 | |
| | Public support percentage from 2 | - | | | | _ 15 | _' |
| 16 a | a 33-1/3 support test — 2009. If the and stop here. The organization | e organization did qualifies as a pub | not check the box licly supported or | on line 13, and ganization. | the line 14 is 33-1 | 1/3 % or more, cl | neck this box |
| ŀ | 33-1/3 support test — 2008. If the and stop here. The organization | e organization did qualifies as a pub | not check a box of licly supported org | on line 13, or 16a, ganization. | , and line 15 is 33 | -1/3% or more, c | heck this box |
| 17 a | 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts | neets the 'facts-a | nd-circumstances | ' test, check this l | box and stop here | . Explain in Part | IV how |
| | 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and | meets the 'facts-a I-circumstances' | nd-circumstances' test. The organiz | ' test, check this l ation qualifies as | box and stop here a publicly support | . Explain in Part ted organization | IV how the |
| 18 | Private foundation. If the organiz | ation did not ched | ck a box on line, 1 | <u>ತ, 16a, 16b, 17a,</u> | , or 17b, check thi | s box and see in | structions |

Schedule A (Form 990 or 990-EZ) 2009 Lexington Park Rotary Foundation, Inc

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

| Sec | tion A. Public Support | | | | | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|---------------------|---------------------|----------------|---------|---------------------------------------|--|
| Cale | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 200 | 9 | (f) Total | |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') | 69,311. | | | | | | 69,311. | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt | 33,3223 | | | | | | 0370111 | |
| 3 | purpose Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 6 | Total. Add lines 1 through 5 | 69,311. | | | | | | 69,311. | |
| | Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | | | |
| ł | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | | | | | | | | |
| • | : Add lines 7a and 7b | | | | | | | | |
| 8 | Public support (Subtract line | | | | | | | | |
| | 7c from line 6) | | | | | | | 69,311. | |
| Sec | tion B. Total Support | | | - | • | | · | · · · · · · · · · · · · · · · · · · · | |
| Cale | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 200 | 9 | (f) Total | |
| 9 | Amounts from line 6 | 69,311. | | | | | | 69,311. | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 4,367. | | | | | | 4,367. | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 4,307. | | | | | | 4,367. | |
| C | : Add lines 10a and 10b | 4,367. | <u> </u> | | | | | 4,367. | |
| 11 | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | | |
| 13 | Total support. (add Ins 9, 10c, 11, and 12.) | | | | | | | 73,678. | |
| 14 | First five years. If the Form 990 i | s for the organiza | tion's first, secon | d, third, fourth, o | r fifth tax year as | a section 50 | 1(c)(3) | | |
| Soc | organization, check this box and | | . | | | | | | |
| | tion C. Computation of Pul | | | | | | 45 | 04.07.00 | |
| | Public support percentage for 200 | | - | e 13, column (f)) | | | 15 | 94.07% | |
| | 6 Public support percentage from 2008 Schedule A, Part III, line 15 . 16 95.06% | | | | | | | | |
| | ection D. Computation of Investment Income Percentage | | | | | | | | |
| | 7 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 5.93 % | | | | | | | | |
| 18 | | | | | | | | | |
| | 33-1/3 support tests - 2009. If the more than 33-1/3%, check this bo | | | | | | | | |
| | 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check | this box and stop | here. The organiz | zation qualifies as | s a publicly suppor | ted organiza | ation | ind line 18 | |
| ZŲ | Private foundation. If the organiz | ation did not chec | k a box on line 1 | 4, 19a, or 19b, ch | eck this box and s | ee instruction | ons | <u> </u> | |

| Schedule A | (Forn | n 990 or 9 | 990-EZ | z) 2009 | Le | xinq | ton | Park | R | otary | , Fo | <u>unda</u> | tion, | Inc | 52-12318 | 324 | Page 4 |
|------------|----------|------------|--------------|---------------------------------|-----------------|------|--------------|----------------|----------------|-----------|--------------|------------------|----------------|----------------|-----------------------------------------------|---------------|---------------|
| Part IV | Sup | plemen | ital Ir | format | ion. | Com | plete | this | part | to pr | ovide | the | explan | ations | 52-12318 required by Pa nformation. See | rt II, line | 10; |
| | Part | (II, line | 17a | or 17b; | and | Part | : III, I | ine 12 | 2. P | rovide | any | othe | r addıtı | ional ir | nformation. See | e instruction | ons. |
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

Form 990-EZ, Part I, Line 16 Other Expenses Statement

| Other expenses (describe) | |
|---------------------------|--------|
| Name change Maryland | 100. |
| Scholarship lunch | 520. |
| River Concert | 1,140. |
| Bank Service Charge | 6. |
| Club Audit | 333. |
| Total | 2,099. |