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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

A	For the	2009 calendar year, or tax year beginning NOV 1, 2009 and ending	OCT 31, 2010			
	Check if	C Name of organization	D Employer identific	ation number		
	applicable					
Г	Addres	s label or LEXINGTON GOLF CLUB				
Ē	Name change	type	04-15	42170		
F	Initial	See Number and street (or P O box if mail is not delivered to street address) Room/su				
Ē	Termin	I Specific I		362-6514		
F	Amend		G Gross receipts \$	932,503.		
┌	Applica		H(a) Is this a group ref	_		
	pendin		for affiliates?	Yes X No		
			02 H(b) Are all affiliates incli			
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c) (7) ◀ (insert no.)	· 1	ist. (see instructions)		
		e: ► N/A	H(c) Group exemption	·		
_			ear of formation 1895 M			
	art I	Summary				
		Briefly describe the organization's mission or most significant activities: PRIVATE (GOLF CLUB			
Activities & Governance						
E	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	sets.		
Ş		Number of voting members of the governing body (Part VI, line 1a)	3	13		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	175		
Š		Total number of employees (Part V, line 2a)	5	9		
į		Total number of volunteers (estimate if negessary)	6	25		
Ę		Total gross unrelated business revenue from Par (III Column (G), this e 12	7a	1,348.		
⋖		Net unrelated business taxable income from Form 990-1, line 34	7b	348.		
			Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1) MAR 2 1 2011	837,033.	800,775.		
Ž		Program service revenue (Part VIII, line 29)	122,597.	130,144.		
Revenue		nvestment income (Part VIII, column (A) lines OGO FIN. UT	3,907.	1,584.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,386.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	988,923.	932,503.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000.	7,000.		
		Benefits paid to or for members (Part IX, column (A), line 4)		· · · · · · · · · · · · · · · · · · ·		
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	327,308.	319,832.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
ĝ	Ь	Total fundraising expenses (Part IX, column (D), line 25)				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	534,429.	480,597.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	865,737.	807,429.		
=		Revenue less expenses. Subtract line 18 from line 12	123,186.	125,074.		
Net Assets or Find Ralances	3		Beginning of Current Year	End of Year		
Sets	20	Total assets (Part X, line 16)	2,459,790.	2,455,816.		
=3¥2	21	Total liabilities (Part X, line 26)	1,509,302.	1,380,254.		
ΣŽ	22	Net assets or fund balances. Subtract line 21 from line 20	950,488.	1,075,562.		
2 P	art II	Signature Block				
*		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledg	e and belief, it is true, correct,		
וַנֻוּ		, , , , , , , , , , , , , , , , , , ,	-9-			
∐ ZSig ZHe	jn			-		
₹He	re	Signature of officer	Date			
200		RICHARD BROWN, TREASURER	······································			
u ;		Type or print name and title				
Pal	id	Preparer's Date	Check if Prepare (see Inst	r's identifying number tructions)		
	parer's	signature 02/23/11	employed L			
lice Only Vous if NARDELLA & TAYLOR, LLP						
	,	self-employed), address, and				
		LEXINGTON, MA 02420	Phone no ► 78			
Ma	y the li	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		
932	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)		

1 (4)	(1) Onechist of nequired ochedules		т —				
•		Γ	Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
_	If "Yes," complete Schedule A	1	 	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x			
	public office? If "Yes," complete Schedule C, Part I	3		 ^			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	+	 			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_					
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	+-	 			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	1 6		x			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	′ •	+	122			
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," complete	<u>'</u>	+	1			
Ū	Schedule D, Part III	8		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		1				
Ū	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		1	 			
	If "Yes," complete Schedule D, Part V	10		X			
11							
	as applicable						
•	 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 						
	Part VI.						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 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 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 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.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.	12	ļ	X			
12A		lo					
		K					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	+-	X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	+	X			
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v			
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	+	X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х			
46	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-				
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals						
17	located outside the United States? If "Yes," complete Schedule F, Part III						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 8. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines						
13							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	1	X			
. •	complete Schedule G, Part III	19		x			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X			

Form **990** (2009)

Form	990 (2009) LEXINGTON GOLF CLUB 04-15	5 <u>42170</u>	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	İ	Ì	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	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 24b through 24d and complete			1
	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 to defease			
	any tax-exempt bonds?	24c		
d	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 with a	İ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualif	ied		
	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, 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	as		
	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			l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
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	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X

X Form 990 (2009)

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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Note. All Form 990 filers are required to complete Schedule O.

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2 ...

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

04-1542170 Form 990 (2009) LEXINGTON GOLF CLUB Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 2 U.S. Information Returns. Enter -0- if not applicable 1a 0 1b **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 9 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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. a 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: a Initiation fees and capital contributions included on Part VIII, line 12 10a 50,065. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:

Form 990 (2009)

12a

a Gross income from members or shareholders

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11a

11b

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.

Sec	tion A. Governing Body and Management				1		
4-	Enter the number of voting members of the resugres as high	۔ ا	l	1 2	-	Yes	No
	Enter the number of voting members of the governing body	1a		175			
Ъ	Enter the number of voting members that are independent	1b		1/3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any otner		.		X
2	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the	e airea	t supervision		.		Х
_	of officers, directors or trustees, or key employees to a management company or other person?	OO	0 6l		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		J was filed?		4 5		X
5 e	Did the organization become aware during the year of a material diversion of the organization's asset	Sr			о 6	Х	Λ
6 7a	Does the organization have members or stockholders?	b	of the	<u> </u>	•		
<i>1</i> a	Does the organization have members, stockholders, or other persons who may elect one or more me governing body?	mber	s or the		, _a		X
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	2000			<u>а</u> ′b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			- '	-		
O	by the following:	uururg	i ine year				
_	The governing body?			ء ا	la İ	Х	
	Each committee with authority to act on behalf of the governing body?				b b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	chad	at the	-	-		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	UI IOU	at 111 0	1.	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code I	1	<u> </u>		
500	aton B. 1 Onotes (this decision b requests information about policies not required by the internal ric	SVEIIU	e 000e. /		П	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			1	0a	103	X
	if "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers. affiliates.	<u> </u>	-		
_	and branches to ensure their operations are consistent with those of the organization?	onapi	51 0 , 4114100,	10	оь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	lına th	e form?		1	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1111			
	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	2a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld aıv	e rise				
	to conflicts?	J.,		1:	2ь		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes."	describe				·
	In Schedule O how this is done	•		1:	2c		
13	Does the organization have a written whistleblower policy?				3		Х
14	Does the organization have a written document retention and destruction policy?				4		Х
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	İ			
а	The organization's CEO, Executive Director, or top management official			1	5a		Х
b	Other officers or key employees of the organization			1	5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			-			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				
	taxable entity during the year?			1	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate	ts participatio	on			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anızat	on's	Į.			
	exempt status with respect to such arrangements?			1	6ь		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶MA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501	c)(3)s only) av	/allable fo	r		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflic	of interest p	olicy, and	fina	ncıal	
	statements available to the public.		·				
20	State the name, physical address, and telephone number of the person who possesses the books at RICHARD BROWN $-781-862-9614$	nd rec	ords of the o	rganizatio	n: >		
	LEXINGTON GOLF CLUB , 55 HILL ST. , LEXINGTON, MA	02	420				
	, ,		- 	F	nrm	990	(2009)

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.

(A) Name and Title	(B) Average	Post		(C) Position neck all that apply)				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	linstitutional trustee	Officer		Highest compensated do employee		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
JOSEPH TASSONE								_	_	
PRESIDENT	2.00			X		_		0.	0.	0.
STEVEN CORR VICE PRESIDENT	2.00			x				0.	0.	0.
ROBERT BICKNELL	2.00			^		<u> </u>		0.		0.
SECRETARY	2.00			x				0.	0.	0.
RICHARD BROWN										
TREASURER	2.00			Х				0.	0.	0.
						İ				
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Par	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•	(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation			(F) imate ount o	_
		per week							s	other compensation from the organization and related organizations				
												<u> </u>		
						j								
	,													
	Total Total number of individuals (including but	4 1::44 4 - 41		li a A	- 4 -	L	•/ ••		0.	000 in remarks	0.			0.
<u> </u>	compensation from the organization	not inflited to th		IISU					eceived more man \$100	,,000 iii reportabi		1	Yes	0 No
3	Did the organization list any former officer			e, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on		"	103	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	um of reportab	le c	-					•	the organization		3		<u>X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									ices rendered to		4		<u> </u>
Sec	the organization? If "Yes," complete Scheet ction B. Independent Contractors	dule J for such	pers	son								5		X
1	Complete this table for your five highest countries the organization.	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation fi	rom	
	(A) Name and busines:	s address			·				(B) Description of s	services	C	(C comper		n
												·		
														_
2	Total number of independent contractors \$100,000 in compensation from the organ		not I	ımite	ed to		se li O	stec	d above) who received r	nore than				
		· · · · · · · · · · · · · · · · · · ·										Farm (000 4	2000

12200223 742892 LEXGOLF

Statement of Revenue

Part VIII

932009 02-04-10

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	7,000.			
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	319,832.			
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):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying			 	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	- 106			
9	Other	3,186.		_	
12	Advertising and promotion	4 262			
13	Office expenses	4,262.			
14	Information technology				
15	Royalties	124 544			
16	Occupancy	124,544.			
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates			_	
21 22	Depreciation, depletion, and amortization	126,877.			
23	Insurance	28,720.		 	
24	Other expenses Itemize expenses not covered	20/1200			
	above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	GOLF COURSE SUPPLIES	83,662.	•••••	,	
b	GOLF CART EXPENSES	38,226.			
c	GOLF GREENS EQUIP & LEA	35,150.			
d	GOLF GREENS EXPENSES	17,503.			
e	GOLF GREENS ELECTRICITY	14,395.			
f	All other expenses	4,072.			
25	Total functional expenses. Add lines 1 through 24f	807,429.			
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 fundraising solicitation				

Pa	rt X	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	6,931.	1	1,933.
	2	Savings and temporary cash investments	255,660.	2	256,859.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	· I		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SSI	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	122		
		basis. Complete Part VI of Schedule D 10a 2,760	0,133. 3,109. 2,197,199.		0 107 004
		•	2,197,199.		2,197,024.
	11	Investments · publicly traded securities		11	•
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,459,790.	15	2,455,816.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,439,790.	16	2,455,610.
	17 18	Accounts payable and accrued expenses		17	
	19	Grants payable Deferred revenue		18	
	20	Tax-exempt bond liabilities		20	
" A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	Wees	- 21	
į		highest compensated employees, and disqualified persons. Complete	I		
Ë		of Schedule L	T Care III	22	
	23	Secured mortgages and notes payable to unrelated third parties	319,548.	23	224,812.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	1,189,754.	25	1,155,442.
	26	Total liabilities. Add lines 17 through 25	1,509,302.	26	1,380,254.
		Organizations that follow SFAS 117, check here	_		
Š		lines 27 through 29, and lines 33 and 34.	•		
ĕ	27	Unrestricted net assets		27	
<u>8</u>	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here	and		.,
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	950,488.		1,075,562.
Z	33	Total net assets or fund balances	950,488.		1,075,562.
	34	Total liabilities and net assets/fund balances	2,459,790.	34	2,455,816.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other	77777		
	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_
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		L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			İ
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	- [ļ
	Act and OMB Circular A-133?	3a		<u> </u>
ь	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		L
		Form	990 (2009)

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.

2009
Open to Public Inspection

Name of the organization

LEXINGTON GOLF CLUB

Employer identification number 0.4 – 15.42170

Da	* Organizations Maintaining Donor Advise		04-1342170
Pa			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) Finds and other accounts
		(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		L
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
	Impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by ti	he organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	-
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ig the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservat	•	,
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	性脚 ● Organizations Maintaining Collections o	-	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, 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 tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation: d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
<u> </u>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related. S	Gee Form 990, Part X, Iir		
(a) Description of investment type	(b) Book value		thod of valuation: d-of-year market value
	 		
		_	
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			<u>,</u>
(a)	Description		(b) Book value
<u></u>			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u> </u>
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1. (a) Description of liability	-	(b) Amount	
Federal income taxes			
ACCRUED EXPENSES		17,227.	
REFUNDABLE ASSESSMENTS		533,250.	
CAPITAL SURPLUS FUND		604,965.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin		1,155,442.	
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	otnote to the organizati	on's financial statements that re	eports the organization's liability for

	dule D (Form 990) 2009 LEXINGTON GOLF CLUB					15421/0	Page 4
Pa	1 XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Finan	cial S	tatement		
i	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>,503.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>,429.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		125	<u>,074.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9		100	074
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		al- D	10	D-4		,074.
	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	tn Kevel	nue p		<u> </u>	
1	Total revenue, gains, and other support per audited financial statements				1	·	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1					
a	Net unrealized gains on investments	2a					
þ	Donated services and use of facilities	2b			-		
С.	Recoveries of prior year grants	2c					
d	•	2d					
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a 4b					
b	Add lines 4a and 4b	40					
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				4c		
5 Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	/ith Expe	nses		m	
1	Total expenses and losses per audited financial statements	,,,,,	ш.рс		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a					
ь	Prior year adjustments	2b					
c	Other losses	2c					
d		2d					
e					2e		
3	Subtract line 2e from line 1				3		•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				***************************************		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
Pa	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						e 4; Part
	· · · · · · · · · · · · · · · · · · ·						
							•

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 (g) Description of received more and address of organization if applicable cash grant assistance or government assistance cash grant assistance cash grant assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. LEXINGTON GOLF CLUB General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

% ×

Yes

(h) Purpose of grant or assistance

Employer identification number

Open to Public

Inspection

OMB No 1545-0047

04 - 1542170

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance ٥. 7,000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHOLARSHIPS

04-1542170

LEXINGTON GOLF CLUB

Schedule I (Form 990) 2009

18

932102 02-02-10

SCHEBULE 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.

OMB No 1545-0047

Name of the organization LEXINGTON GOLF CLUB	Employer identification number 04-1542170
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS	
ORGANIZATION.	
<u> </u>	
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990	WAS REVIEWED BY
THE TREASURER PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S ARE MADE
AVAILABLE ON THE ORGANIZATION'S WEBSITE, POSTED IN THE CL	UBHOUSE AND
DISSEMINATED TO ALL MEMBERS.	
•	