



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	53,720	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	53,720	25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,720	27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **Raise funds for charitable purposes**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Primary purpose of the organization is to raise funds to benefit various local youth programs and college scholarships for local youth.	
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$ 9,350) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32
		9,350

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Marc Hudson 30 Crossing Lane, Lexington, Virginia 24450	President, 4 hours	-0-		
Peter Gruner 115 Buffalo Trace, Lexington, Virginia 24450	Vice President, 2 hours	-0-		
Reed Belden Mountain Springs Lane, Lexington, Virginia 24450	Secretary, 2 hours	-0-		
David Alan Dugan 19 High Meadow Drive, Lexington, Virginia 24450	Treasurer, 4 hours	-0-		

SCHEDULE G
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1345-0047

2011

Open to Public
Inspection

Name of the organization

Lexington Sunrise Rotary Club Foundation

Employer identification number

75-3049207

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 890 or 890-EZ) 2011

Page 2

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 4th of July festival (event type)	(b) Event #2 Grata OR Ministries (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	55,628	11,515	7,041	74,184
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	55,628	11,515	7,041	74,184
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,337			5,337
	8 Entertainment	2,000			2,000
	9 Other direct expenses	38,593		19,661	58,194
	10 Direct expense summary. Add lines 4 through 9 in column (d)				65,531
	11 Net Income summary. Combine line 3, column (d), and line 10				8,663

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8	Net gaming income summary. Combine line 1, column d, and line 7				► ()

9	Enter the state(s) in which the organization operates gaming activities:				
a	Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b	If "No," explain:				
<hr/>					
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b	If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2011

Page 3

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility Yes No

b An outside facility Yes No

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	%
13b	%

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
