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CIS1LR9SMY

Form **990****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

**2004****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

**A** For the 2004 calendar year, or tax year beginning 7-1, 2004, and ending 6-30, 2005

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

**C** Name of organization  
LEXINGTON LIONS CLUB, INC  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
271 PATCHEN DR  
 City or town, state or country, and ZIP + 4  
LEXINGTON, KY 40517

**D** Employer identification number  
61 : 6025371

**E** Telephone number  
(859) 335-9859

**F** Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_

**G** Website: \_\_\_\_\_

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? ☐ Yes ☐ No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group Exemption Number: \_\_\_\_\_

**J** Organization type (check only one) ☐ 501(c) ( 4 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 221,005.74

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	<u>10,850.00</u>	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	<u>4,500.00</u>	
	d	Total (add lines 1a through 1c) (cash \$ <u>15,350.00</u> noncash \$ _____)	1d	<u>15,350.00</u>	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	<u>180,819.25</u>	
	3	Membership dues and assessments	3	<u>15,955.10</u>	
	4	Interest on savings and temporary cash investments	4	<u>89,81.39</u>	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	(B) Other	8b	
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Revenue	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>221,005.74</u>	
Expenses	13	Program services (from line 44, column (B))	13	<u>119,895.77</u>	
	14	Management and general (from line 44, column (C))	14	<u>69,438.41</u>	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	<u>189,334.18</u>	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>31,671.56</u>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>394,788.29</u>	
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>(7.42)</u>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<u>426,451.93</u>	

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Form 990 (2004)

SCANNED APR 07 2007

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**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>119,895.77</u> - noncash \$ <u>          </u> )	22	<u>119,895.77</u>	<u>119,895.77</u>		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	<u>4,200.00</u>		<u>4,200.00</u>	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	<u>500.00</u>		<u>500.00</u>	
32 Legal fees	32				
33 Supplies	33	<u>6,664.47</u>		<u>6,664.47</u>	
34 Telephone	34				
35 Postage and shipping	35	<u>4,569.95</u>		<u>4,569.95</u>	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	<u>4,875.25</u>		<u>4,875.25</u>	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	<u>22,967.00</u>		<u>22,967.00</u>	
43 Other expenses not covered above (itemize): a R.M.	43a	<u>16,083.62</u>		<u>16,083.62</u>	
b STATE & NATIONAL OVER	43b	<u>7,106.40</u>		<u>7,106.40</u>	
c INSURANCE	43c	<u>1,341.40</u>		<u>1,341.40</u>	
d UTILITIES	43d	<u>2,711.88</u>		<u>2,711.88</u>	
e G.P.B. & AVOID	43e	<u>8,584.44</u>		<u>8,584.44</u>	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	<u>189,331.18</u>	<u>119,895.77</u>	<u>69,438.41</u>	

Joint Costs. Check ☐ If you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$           ; (ii) the amount allocated to Program services \$           ;(iii) the amount allocated to Management and general \$           ; and (iv) the amount allocated to Fundraising \$           **Part III** Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? VISION, HEARING, & DIABETES

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a Provides Vision Testing, Eyeglasses & Eye Surgery	
(Grants and allocations \$ <u>52,967.80</u> )	<u>52,967.80</u>
b Provides Hearing Testing & Hearing Aids, Training For Deaf-Blind Patients & Caregivers	
(Grants and allocations \$ <u>26,827.97</u> )	<u>26,827.97</u>
c Grants For Diabetes Education & Camps For Children With Diabetes	
(Grants and allocations \$ <u>7,500.00</u> )	<u>7,500.00</u>
d Provide Grants To Lions Clubs International Foundation Kentucky Lions Eye Foundation & Other State & Local Organizations For Sight	
(Grants and allocations \$ <u>32,600.00</u> )	<u>32,600.00</u>
e Other program services (attach schedule) (Grants and allocations \$ <u>          </u> )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u>119,895.77</u>

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	390,936.29	46	395,565.88
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis	55a 553,745.05		
	b Less: accumulated depreciation (attach schedule)	55b 522,860.00	53852.05	55c 30,885.05
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets (describe ► )		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	394,788.29	59	426,451.93	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe ► )		65		
66 Total liabilities (add lines 60 through 65)		66		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	394,788.29	67	426,451.93
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	394,788.29	73	426,451.93
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	394,788.29	74	426,451.93

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a Total revenue, gains, and other support per audited financial statements . . . ▶

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$

(2) Donated services and use of facilities \$

(3) Recoveries of prior year grants . . . \$

(4) Other (specify):

..... \$

Add amounts on lines (1) through (4) ▶

c Line a minus line b . . . . . ▶

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$

(2) Other (specify):

..... \$

Add amounts on lines (1) and (2) ▶

e Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements . . . ▶

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$

(2) Prior year adjustments reported on line 20, Form 990 . . . \$

(3) Losses reported on line 20, Form 990 . . . \$

(4) Other (specify):

..... \$

Add amounts on lines (1) through (4) ▶

c Line a minus line b . . . . . ▶

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$

(2) Other (specify):

..... \$

Add amounts on lines (1) and (2) ▶

e Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES FRIEND 358 Ridgeway Dr Frankfort, Ky 40601	Pres 20	0	0	0
JOHN SHAWSE 1716 Buckner Dr Lexington, Ky 40504	V-P 5	0	0	0
Sue Alexander 2573 Lockhurst Rd Lexington, Ky 40517	Secy 10	3000-	0	0
JOHN W. MASON 271 Pattoher Dr Lexington, Ky 40517	Treas 5	1200-	0	0
Linda Allen 1520 Cantrill Dr Lexington, Ky 40505	Director 2	0	0	0
Bill Moody 4390 Keeble Rd Lexington, Ky 40513	Director 2	0	0	0
BEN OSBARN 1932 Cincinnati Rd Georgetown, Ky 40324	Director 2	0	0	0
DON THOMPSON	Director 2	0	0	0
MARTHA GASS	Director 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions.

**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If "Yes," enter the name of the organization ▶ <u>LEXINGTON LIONS CLUB ENDOWMENT FUND</u> . . . . . and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b>		
b Did the organization file Form 1120-POL for this year? . . . . .		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b>		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	X	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members. <b>85c</b>		
d Section 162(e) lobbying and political expenditures. <b>85d</b>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. <b>85e</b>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e). <b>85f</b>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. <b>86a</b>		
b Gross receipts, included on line 12, for public use of club facilities. <b>86b</b>		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders. <b>87a</b>		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a List the states with which a copy of this return is filed ▶ <u>Ky.</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>	0	
91 The books are in care of ▶ <u>John Mason</u> Telephone no. ▶ ( )		
Located at ▶ <u>771 Patcher Dr Lexington, Ky</u> ZIP + 4 ▶ <u>40517</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Bluegrass Fair					17,6510.05
b Gimball Receipts					4,309.25
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					15,855.10
95 Interest on savings and temporary cash investments			512-B	8,981.39	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				8,981.39	196,624.35
105 Total (add line 104, columns (B), (D), and (E))					205,655.74

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	The Bluegrass Fair educates the public in a large part of KY about the services that the local club & group we support to help with vision hearing diabetes. Thousands of free hearing & vision screenings are provided. We provide many free educational & agriculture exhibits.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: John Mason Date: 2-12-06

Type or print name and title: JOHN MASON TREAS

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

# Depreciation Schedule

Name Lexington Livestock Club, Inc.

Address 61-6025371

Year 1955

Description	Date Acq.	Cost or Other Basis	Acc Dep 6-30-04	Method	Rate	6-30-05 Dep. Current Year	Reserve Balance 6-30-05	Depr. Current Year	Reserve Balance	Depr. Current Year
Equipment Exp	7-77	48620.00	40620.00	SL		13957.00	44639.00			
Exp	6-92	10965.11	9503.00			731.00	10234.00			
Exp	6-97	17400.00	14915.00			1243.00	16158.00			
Buildings	6-97	34996.98	34229.00			2856.00	37135.00			
Imp	7-97	39390.91	30952.00			2819.00	33766.00			
Exp	6-98	27322.00	9562.00			1366.00	10928.00			
TOTAL		55374.505	49979.30			22967.00	52280.00			



**LEXINGTON LIONS CLUB**

**CHARITY BUDGET**

30-Jun-05

	Funds Used	Funds Used	2004/2005	Remaining In
	This Month	Year-To-Date	Budget	Budget
Endowment Fund	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -
Sight Conservation Committee	\$ 1,557.00	\$ 19,441.00	\$ 20,000.00	\$ 559.00
Diabetes Committee	\$ 200.00	\$ 7,500.00	\$ 7,500.00	\$ -
Hearing & Speech Committee	\$ 3,102.97	\$ 21,827.97	\$ 22,000.00	\$ 172.03
Drug Awareness Committee	\$ -	\$ -	\$ 600.00	\$ 600.00
Eye Surgery	\$ 609.00	\$ 18,389.95	\$ 20,000.00	\$ 1,610.05
Finance Committee	\$ -	\$ 100.00	\$ 100.00	\$ -
KLEF Life Patrons	\$ -	\$ 2,000.00	\$ 2,000.00	\$ -
KLEF Finis Davis Fellows	\$ -	\$ 4,000.00	\$ 4,000.00	\$ -
KLEF All Star Game	\$ -	\$ 100.00	\$ 100.00	\$ -
KLEF Kidsight	\$ -	\$ 500.00	\$ 500.00	\$ -
Trooper Island	\$ -	\$ 1,000.00	\$ 1,000.00	\$ -
Impaired Youth Camps	\$ -	\$ 1,000.00	\$ 1,000.00	\$ -
Candy Days	\$ -	\$ 100.00	\$ 100.00	\$ -
All State Band	\$ -	\$ 1,400.00	\$ 1,400.00	\$ -
Leader Dogs	\$ -	\$ 100.00	\$ 100.00	\$ -
Camp Crescendo	\$ -	\$ 100.00	\$ 100.00	\$ -
High Tech	\$ -	\$ 100.00	\$ 100.00	\$ -
Youth Exchange	\$ -	\$ 100.00	\$ 100.00	\$ -
LCIF (Melvin Jones Fellows)	\$ -	\$ 5,000.00	\$ 5,000.00	\$ -
Sight First	\$ 240.91	\$ 1,329.85	\$ 5,750.00	\$ 4,420.15
Fayette County Health Dept.	\$ -	\$ 6,500.00	\$ 6,500.00	\$ -
Lexington Speech & Hearing	\$ -	\$ 5,000.00	\$ 5,000.00	\$ -
UK Ophthalmology Dev. Fund	\$ -	\$ 4,000.00	\$ 4,000.00	\$ -
Discretionary	\$ 275.00	\$ 7,307.00	\$ 18,050.00	\$ 10,743.00
UK Lions Eye Bank	\$ -	\$ 3,000.00	\$ 3,000.00	\$ -
Building Fund	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -
<b>TOTAL</b>	<b>\$ 5,984.88</b>	<b>\$ 129,895.77</b>	<b>\$ 148,000.00</b>	<b>\$ 18,104.23</b>

(10,000.00)

119,895.77 TOTAL Program Service  
Expenses

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <u>LEXINGTON LIONS CLUB, INC</u>	Employer identification number 61 6025371
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>271 PATCHER DR</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>LEXINGTON, NY 40517</u>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ JOHN MASW

Telephone No. ▶ (389) 335-9859 FAX No. ▶ ( )

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 2-7-5, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☐ calendar year 20... or  
▶ ☒ tax year beginning 7-1, 2004, and ending 6-30, 2005

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0 -

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Power of Attorney  
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No. 1545-0150  
For IRS Use Only  
Received by:  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I Power of Attorney**

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address <b>Lion's International Lexington Lion's Club, Inc. 271 Patchen Drive Lexington, KY 40517</b>	Social security number(s) _____ _____ _____ Daytime telephone number ( ) _____	Employer identification number <b>61 : 6025731</b> Plan number (if applicable) _____
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hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address <b>Les Baynham 301 East Main Street, Suite 1100 Lexington, KY 40507</b>	CAF No. <b>5000-00358R</b> Telephone No. <b>859-253-1100</b> Fax No. <b>859-253-1384</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>Jason Strange 301 East Main Street, Suite 1100 Lexington, KY 40507</b>	CAF No. _____ Telephone No. <b>859-253-1100</b> Fax No. <b>859-253-1384</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
<b>Return Filings</b>	<b>Form 990</b>	<b>2004 - 2009</b>
<b>Filing extension</b>	<b>Form 8868</b>	<b>2004 - 2009</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, Initial here \_\_\_\_\_ and list the name of that representative below

Name of representative to receive refund check(s) ► \_\_\_\_\_

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

- a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐   
 b If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

John Collins Signature 1/18/2010 Date President Title (if applicable)

John Collins

Print Name

☐☐☐☐☐

PIN Number

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

☐☐☐☐☐

PIN Number

## Part II Declaration of Representative

**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer's organization
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 1 of the instructions.
  - k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
  - l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date
b	Kentucky	<u>Les Bayne</u>	<u>1/19/2010</u>
b.	Kentucky	<u>Jan Shumye</u>	<u>1/19/10</u>