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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)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7-1-2005, and ending 6-30-2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>LEXINGTON LIONS CLUB, INC</u>		D Employer identification number <u>61 : 6025371</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>C/O JOHN MASON 271 PATCHER DR</u>		E Telephone number <u>(859) 335-9859</u>
		City or town, state or country, and ZIP + 4 <u>LEXINGTON, KY 40517</u>		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

G Website: _____

J Organization type (check only one) ☐ 501(c) (4) (Insert no.) ☐ 501(c) (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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 247,279.43

I Group Exemption Number _____

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 the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	<u>10,041.36</u>	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	<u>1,500.00</u>	
	d Total (add lines 1a through 1c) (cash \$ <u>11,541.36</u> noncash \$ _____)	1d	<u>11,541.36</u>	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	<u>196,269.30</u>	
	3 Membership dues and assessments	3	<u>19,431.14</u>	
	4 Interest on savings and temporary cash investments	4	<u>20,037.63</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		8b	
	c Gain or (loss) (attach schedule)		8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	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		
	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			
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>247,279.43</u>		
Expenses	13 Program services (from line 44, column (B))	13	<u>81,760.99</u>	
	14 Management and general (from line 44, column (C))	14	<u>70,407.85</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>152,168.84</u>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>95,110.59</u>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>426,451.93</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<u>521,562.52</u>	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2005)

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 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>81760.99</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 81760.99	81760.99		
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 4200.00		4200.00	
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	31 500.00		500.00	
32	Legal fees	32 2133.00		2133.00	
33	Supplies	33 9860.03		9860.03	
34	Telephone	34			
35	Postage and shipping	35 4849.38		4849.38	
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40 4986.84		4986.84	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 13046.14		13046.14	
43	Other expenses not covered above (itemize):				
a	STATE & NATIONAL OVER	43a 7684.50		7684.50	
b	INSURANCE	43b 2404.64		2404.64	
c	UTILITIES	43c 303.36		303.36	
d	REFM	43d 19,244.68		19,244.68	
e	GRANTS & AWARDS	43e 1070.28		1070.28	
f	BANK FEES	43f 125.00		125.00	
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 152,168.84	81760.99	70407.85	

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 ☒ No
 If "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 the instructions.)

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.

What is the organization's primary exempt purpose? <u>SIGHT, HEARING & DIABETES</u> 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. <u>Provide eyeglasses & vision surgery to working poor NOT covered by insurance</u>	
(Grants and allocations \$ <u>41,631.87</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>41,631.87</u>
b. <u>Provide Hearing Aid to needy & assist in sign language training courses. Provide training for deaf-blind patients & caregivers</u>	
(Grants and allocations \$ <u>27,196.86</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>25,004.86</u>
c. <u>GRANTS FOR DIABETES EDUCATION & CAMP FOR children with diabetes</u>	
(Grants and allocations \$ <u>6,800.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>6,800.00</u>
d. <u>Provide GRANTS TO Lions Clubs International Foundation Kentucky Lions Eye Foundation & other state & local health organizations for sight</u>	
(Grants and allocations \$ <u>8,324.26</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>8,324.26</u>
e. Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f. Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u>81,760.99</u>

Part IV Balance Sheets (See 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
Assets	45 Cash—non-interest-bearing		45
	46 Savings and temporary cash investments	395,566.88	46 503,723.61
	47a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a	48c
	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	51c
	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	55c
	b Less: accumulated depreciation (attach schedule)	55b 535,906.14	55c 178,389.1
56 Investments—other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a	57c	
b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58.	426,451.93	59 521,562.52	
Liabilities	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	N/A	66 N/A	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	426,451.93	67 521,562.52
	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)	426,451.93	73 521,562.52
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	426,451.93	74 521,562.52

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

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

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
John Shouse 1716 Buckner Ct Lexington, Ky 40507	Pres 20	0	0	0
Michael Massey 2945 Bridge Pl Lexington, Ky 40511	1st V-P 5	0	0	0
William Moody 4890 Keene Rd Lexington, Ky 40513	2nd V-P 5	0	0	0
Sue Alexander 2678 Lockhurst Rd Lexington, Ky 40511	10	3000-	0	0
John Massey 271 Parker Dr Lexington, Ky 40517	5	12000-	0	0
Linda Allen 1520 Canfield Dr Lexington, Ky 40505	2	0	0	0
Jerry Ellsworth 3130 McCure Rd Winchester, Ky 40391	2	0	0	0
Ron Mossotti 818 Cindy Blair Way Lexington, Ky 40503	2	0	0	0
Jim Tidder 770 Bravington Way Lexington, Ky 40503	2	0	0	0
Martha Goss Lexington, Ky	2	0	0	0

Yes	No
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75b	X
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75c		X
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[illegible]

76d	X
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Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76		X
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78a		X
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78b		
DATE	FILE	REMARKS

79		X
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80a	X	
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[illegible]

41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501</
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81b		X
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Part VI Other Information (continued)

	Yes	No
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.)		
82b		
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?		
84b		
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? 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.		X
c Dues, assessments, and similar amounts from members		
85c		
d Section 162(e) lobbying and political expenditures		
85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g		
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?		
85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a		
b Gross receipts, included on line 12, for public use of club facilities		
86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b		
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
89b		
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>Kentucky</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
90b		
91a The books are in care of ▶ <u>John Mass</u> Telephone no. ▶ <u>()</u> Located at ▶ <u>271 Ratchel Dr Lexington Ky</u> ZIP + 4 ▶ <u>40517</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		
91c		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>		

Part VII Analysis of Income-Producing Activities (See 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 Blue Grass Fair					189,747.00
b Fimbarr receipts					6,475.30
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					19431.14
95 Interest on savings and temporary cash investments			512-B	20,037.63	
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))				20,037.63	215,700.44
105 Total (add line 104, columns (B), (D), and (E))					

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 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 HONOR CLUBS & THE GROUP WE SUPPORT TO HELP WITH VISION HEARING & DIABETES. VISION & HEARING SCREENINGS ARE PROVIDED FREE TO THOUSANDS OF PEOPLE. WE PROVIDE MANY FREE EDUCATIONAL & AGRICULTURE EXHIBITS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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	Date
	JOHN MASON, TREAS.	11-5-06
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. W)
	EIN	Phone no.

CIS IMAGE-Do Not Correspond for Signature

Depreciation Schedule

Name Lexington Livs Club, Inc

Address 61- 6025371

Year

Description	Date Acq.	Cost or Other Basis	Acq Bk 6-30-04	Method	Rate	6-30-05 Dep. Current Year	Reserve Balance 6-30-05	6-30-06 Dep. Current Year	Reserve Balance 6-30-06	Depr. Current Year
<u>Lexington Emp</u>	<u>7-17</u>	<u>48620 05</u>	<u>400622</u>	<u>SL</u>		<u>13957</u>	<u>44639</u>	<u>4031 05</u>	<u>418620 05</u>	
<u>Emp</u>	<u>6-42</u>	<u>10965 11</u>	<u>9503</u>			<u>731</u>	<u>10234</u>	<u>731 11</u>	<u>10965 11</u>	
<u>Emp</u>	<u>6-47</u>	<u>17400</u>	<u>14915</u>			<u>1243</u>	<u>16158</u>	<u>1242</u>	<u>17400</u>	
<u>Body</u>	<u>6-91</u>	<u>34996 98</u>	<u>34224</u>			<u>2856</u>	<u>37135</u>	<u>2861 98</u>	<u>34946 98</u>	
<u>Emp</u>	<u>7-47</u>	<u>29390 91</u>	<u>30952</u>			<u>2814</u>	<u>33766</u>	<u>2814</u>	<u>36582</u>	
<u>Emp</u>	<u>6-98</u>	<u>27322</u>	<u>9562</u>	<u>✓</u>		<u>1366</u>	<u>10928</u>	<u>1366</u>	<u>12294</u>	
<u>TOTAL</u>		<u>553745 05</u>	<u>499813</u>			<u>22967</u>	<u>122809</u>	<u>13046 14</u>	<u>53596 14</u>	

**LEXINGTON LIONS CLUB
CHARITY BUDGET
June 30, 2006**

	Funds Used This Month	Funds Used Year-To-Date	2005/2006 Budget	Remaining In Budget
Endowment Fund	\$ -	\$ -	\$ -	\$ -
Sight Conservation Committee	\$ 1,752.00	\$ 17,876.00	\$ 20,000.00	\$ 2,124.00
Diabetes Committee	\$ -	\$ 6,800.00	\$ 7,500.00	\$ 700.00
Hearing & Speech Committee	\$ -	\$ 20,896.36	\$ 23,000.00	\$ 2,103.64
Drug Awareness Committee	\$ -	\$ -	\$ -	\$ -
Eye Surgery	\$ 15,746.87	\$ 17,255.87	\$ 15,000.00	\$ (2,255.87)
KLEF Kidsight	\$ -	\$ 500.00	\$ 500.00	\$ -
KLEF All Star Game	\$ -	\$ 100.00	\$ 100.00	\$ -
Trooper Island	\$ -	\$ 100.00	\$ 100.00	\$ -
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)	\$ -	\$ 2,000.00	\$ 2,000.00	\$ -
Sight First	\$ 16.66	\$ 1,724.26	\$ 2,500.00	\$ 775.74
Fayette County Health Dept.	\$ -	\$ 6,500.00	\$ 6,500.00	\$ -
Lexington Speech & Hearing	\$ -	\$ 2,500.00	\$ 2,500.00	\$ -
Discretionary	\$ 2,351.00	\$ 3,800.50	\$ 3,400.00	\$ (400.50)
Tri For Sight	\$ -	\$ 1,000.00	\$ 1,000.00	\$ -
Building Fund	\$ -	\$ 75,000.00	\$ 75,000.00	\$ -
TOTAL	\$ 19,866.53	\$ 158,952.99	\$ 162,000.00	\$ 3,047.01

77,192.00

81,760.99

Program Service Funding