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Form **990**Department of the Treasury  
Internal Revenue Service

Extended to 2-15-08

**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

**2006****Open to Public Inspection**

**A** For the 2006 calendar year, or tax year beginning 7-1, 2006, and ending 6-30, 2007

**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  
6050 W. MASON 271 PATCHEN NY  
 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 235,910.16

**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.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Contributions to donor advised funds	<b>1a</b>		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<u>6000.00</u>	
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<u>6000.00</u>	
<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>12,000.00</u> noncash \$ )	<b>1e</b>		<u>12,000.00</u>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>179,979.61</u>
<b>3</b> Membership dues and assessments	<b>3</b>		<u>16,455.83</u>
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<u>27,474.72</u>
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b> Other investment income (describe ▶)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	
<b>b</b> Less: cost or other basis and sales expenses		<b>8b</b>	
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8d</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<u>235,910.16</u>
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<u>89,541.89</u>
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<u>60,245.01</u>
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		<u>149,786.90</u>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<u>86,123.26</u>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>521,562.52</u>
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<u>&lt;33.72&gt;</u>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<u>607,652.06</u>

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Form 990 (2006)

SCANNED APR 07 2008

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9/11/08

**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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>89,541.89</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	<u>89,541.89</u>	<u>89,541.89</u>	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	<u>4,200.00</u>	<u>4,200.00</u>	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	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>9823.78</u>	<u>9823.78</u>	
34 Telephone	34			
35 Postage and shipping	35	<u>4645.44</u>	<u>4645.44</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>1600.00</u>	<u>1600.00</u>	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	<u>4176.91</u>	<u>4176.91</u>	
43 Other expenses not covered above (itemize):				
a STATE & NATIONAL DUES	43a	<u>7748.34</u>	<u>7748.34</u>	
b INSURANCE	43b	<u>3221.16</u>	<u>3221.16</u>	
c UTILITIES	43c	<u>143.37</u>	<u>143.37</u>	
d BIRM	43d	<u>23,088.35</u>	<u>23,088.35</u>	
e GIFTS & AWARDS	43e	<u>1097.66</u>	<u>1097.66</u>	
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	<u>149,786.90</u>	<u>89,541.89</u>	<u>60,245.01</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 ☒ 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? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<p><i>SIGHT, HEARING &amp; DIABETES</i></p> <p>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.)</p> <p>a. <i>Provide eyeglasses &amp; vision surgery to working poor not covered by medical insurance</i></p> <p>(Grants and allocations \$ <i>48,821.73</i> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> <i>48,821.73</i></p> <p>b. <i>Provide Hearing Aids To Needy &amp; Assist Sign Language Training Course</i></p> <p>(Grants and allocations \$ <i>24,274.08</i> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> <i>24,274.08</i></p> <p>c. <i>Grants For Diabetes Education &amp; Camps For Children With Diabetes</i></p> <p>(Grants and allocations \$ <i>6,500.00</i> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> <i>6,500.00</i></p> <p>d. <i>Provide Grants To Lions Clubs International Foundation, Kentucky Lions Eye Foundation &amp; Other Local, State &amp; National Lions Organizations For Sight</i></p> <p>(Grants and allocations \$ <i>9,946.08</i> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> <i>9,946.08</i></p> <p>e. Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p> <p>f. Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶ <i>89,541.89</i></p>	

**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	503,723.61	46 593,990.06
	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
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	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
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis	55a 553,745.05	55c
	b Less: accumulated depreciation (attach schedule)	55b 540,083.05	55c 17,662.02
	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, including program-related investments (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	521,562.52	59 607,652.06	
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	521,562.52	67 607,652.06
	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 and column (B) must equal line 21)	521,562.52	73 607,652.06
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	521,562.52	74 607,652.06

**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
Michael Massey 2945 Bridge Pl. Lexington, Ky 40511	Pres 20	-0-	-0-	-0
William Moody 4900 Keene Rd Lexington, Ky 40513	1st V-P 5	0	0	0
Jim Tinsley 770 Bravington Way Lexington Ky 40523	2nd V-P 5	0	0	0
Sue Alexander 2678 Lockwood Rd Lexington Ky 40517	Secy 10	3000.00	0	0
John Mason 271 Parkview Dr Lexington Ky 40517	Treas 5	1200.00	0	0
Linda Allen 1520 Cantrell Dr Lexington Ky 40505	Director 2	0	0	0
John Friend 858 Ridgeview Dr Frankfort, Ky 40601	Director 2	0	0	0
Jerry E. Ellsworth 3136 McClure Rd Winchester, Ky 40391	Director 2	0	0	0
Ann Masotti 813 Cindy Blair Way Lexington, Ky 40503	Director 2	0	0	0
Bob Fleets 2100 Hunterwood Ln Lexington, Ky 40502	Director 2	0	0	0



**Part VI Other Information (continued)**

	Yes	No
<b>82a</b> 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>b</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>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>		
<b>85</b> <b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	X	
<b>b</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
<b>c</b> Dues, assessments, and similar amounts from members		
<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures		
<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85g</b>		
<b>h</b> 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?		
<b>85h</b>		
<b>86</b> <b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12		
<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>86b</b>		
<b>87</b> <b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders		
<b>87a</b>		
<b>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>		
<b>88a</b> 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
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>88b</b>		
<b>89a</b> <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> 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
<b>89b</b>		
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b> <b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89e</b>		
<b>f</b> <b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89f</b>		
<b>g</b> <b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>89g</b>		
<b>90a</b> List the states with which a copy of this return is filed ▶ <u>Kentucky</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
<b>90b</b>		
<b>91a</b> The books are in care of ▶ <u>John Mason</u> Telephone no. ▶ <u>(359) 335-9359</u> Located at ▶ <u>271 Pottery Dr Lexington, Ky</u> ZIP + 4 ▶ <u>40517</u>		
<b>b</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.		
<b>91b</b>		X



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes ☐ No ☒

If "Yes," enter the name of the foreign country ▶

**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 ▶ **92**

**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	
<b>93</b> Program service revenue:					
<b>a</b> <u>Bluegrass Fair</u>					173,911.31
<b>b</b> <u>Gumball receipts</u>					6,168.30
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			512 B	27,474.72	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				27,474.72	179,979.61
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1a, 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).
<b>93</b>	THE Bluegrass Fair provides exposure & educates the public in a large area to the services available from our club & the groups we support. Sight & hearing screenings are provided free to thousands of people & many are referred to help. Exhibit by 4-H & Ag Camp showcase the various agriculture products & animals of the area. Educational entertainment provided

**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
N/A	%			
	%			
	%			
	%			

**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).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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 W. Mason Date: 2-12-08

Type or print name and title: JOHN W. MASON, TREAS.

Paid  
Preparer's  
Use Only

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

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

Form 990 (2006)

CIS IMAGE-Do Not Correspond for Signature

LEXINGTON LIONS CLUB				
CHARITY BUDGET				
June 30, 2007				
	Funds Used	Funds Used	2006/2007	Remaining In
	This Month	Year-To-Date	Budget	Budget
Sight Conservation Committee	\$ 1,326.00	\$ 18,321.00	\$ 20,000.00	\$ 1,679.00
Diabetes Committee	\$ 200.00	\$ 6,500.00	\$ 6,500.00	\$ -
Hearing & Speech Committee	\$ -	\$ 21,749.08	\$ 22,500.00	\$ 750.92
Eye Surgery	\$ -	\$ 24,000.73	\$ 30,000.00	\$ 5,999.27
KLEF Kidsight	\$ -	\$ 100.00	\$ 100.00	\$ -
KLEF All Star Game	\$ -	\$ 100.00	\$ 100.00	\$ -
Trooper Island	\$ -	\$ 100.00	\$ 100.00	\$ -
Impaired Youth Camps	\$ -	\$ 500.00	\$ 500.00	\$ -
Candy Days	\$ -	\$ 100.00	\$ 100.00	\$ -
All State Band	\$ -	\$ 700.00	\$ 700.00	\$ -
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	\$ -	\$ 1,611.08	\$ 2,000.00	\$ 388.92
Fayette County Health Dept.	\$ -	\$ 6,500.00	\$ 6,500.00	\$ -
Lexington Speech & Hearing	\$ -	\$ 2,525.00	\$ 2,525.00	\$ -
Discretionary	\$ 150.00	\$ 1,335.00	\$ 3,975.00	\$ 2,640.00
Building Fund	\$ 156,000.00	\$ 156,000.00	\$ 156,000.00	\$ -
Campaign SightFirst II		\$ 3,000.00	\$ 3,000.00	\$ -
<b>TOTAL</b>	<b>\$ 157,676.00</b>	<b>\$ 245,541.89</b>	<b>\$ 257,000.00</b>	<b>\$ 11,458.11</b>

(156,000.00)

39,541.89

TOTAL Program Services

# DEPRECIATION SCHEDULE

Name Lexington Livestock Co., Inc.

Address 61-6025371

Year

Description	Date Acq.	Cost or Other Basis	Acc Dep 6-30-04	6-30-06 Dep. Current Year	Reserve Balance 6-30-06	6-30-06 Dep. Current Year	Reserve Balance 6-30-06	6-30-07 Dep. Current Year	Reserve Balance 6-30-07	Dep Cur Yr
Equipment Exp	7-77	48670.05	400632	13957	44639	4031	418670.05	—	48670.05	—
Exp	6-42	10965.11	9503	731	10234	731	10965.11	—	10965.11	—
Exp	6-47	17400	14915	1243	16158	1242	17400	—	17400	—
Buildings	6-47	34346.98	34274	2856	37135	2861	34996.98	—	34996.98	—
Exp	7-47	34390.91	30952	2819	33766	2814	36580	2810	39390.91	—
Exp	6-48	27322	9562	1366	10928	1366	12294	1366	13660	—
TOTAL		553745.05	499813	22467	522800	13046	535906.14	4176	540083.05	—