

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



## Form 990-EZ

Department of the Treasury Internal Revenue Service

**Short Form** 

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000.000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

A	For the	2008 calenda	r year,	or tax year beginning J	uly 1	, 2008, and e	naing	June	30	, 20	09	
	•	ck if applicable Please		C Name of organization				D Employ	er ident	tification n	umber	
$\mathbf{A}$	Address c	Jimige II	use IHS   abel or	<b>Lubbock Redbud Square Lions</b>	s Club		23	7025529				
님	Name cha	ange F	print or	Number and street (or P O box, if ma		vered to street address	Room/suite	E Telepho	phone number			
님	Initial retui	1.	lype. See	6306 32nd St.				( 806				
H	Amended		Specific	City or town, state or country, and Zif	o + 4			F Group				
Ħ	Application	1	Instruc- tions.	Lubbock, TX 79407-2828				Numbe	•		0239	
=				tions and 4947(a)(1) nonexempt cl	haritable :	truete must attach	G Accou	unting meth				
	- 380110	<i>011 30 1(0)(3) 01</i>	_	pleted Schedule A (Form 990 or 9		uusis must attacii	1	(specify) ▶	_	el ∩asıı [		
			2 30//									
	Mak-"	<b>.</b>					1	< ▶ ☑ it		-		
	Websit				$\overline{}$		1	ed to attac Z, or 990-F	tach Schedule B (Form 990,			
_				ly one) — 🗹 501(c) ( 4 ) ◀ (insert no								
				n is not a section 509(a)(3) supporting	, ,	•	eipts are norr	nally <b>not</b> m	ore tha	n <b>\$</b> 25,000	A return is	
				zation chooses to file a return, be sur								
				e 9 to determine gross receipts; if \$1,0					▶ \$		90,580.41	
Р	art i	Revenue,	Expe	nses, and Changes in Net A	<u>ssets o</u>	r Fund Balance:	See the	instruction	ns fo	r Part I.)		
	1	Contributions	s, gifts	, grants, and similar amounts rece	ived			L	1		0	
	2		_	evenue including government fee				L	2		0	
	3	_		and assessments				L	3		9,616.20	
	4	Investment						[	4		16.71	
	5a			m sale of assets other than inver		1 - 1		0				
				r basis and sales expenses .				0				
	1			sale of assets other than inventory			(attach ech	edule)	5c		0	
ē	1 -	•	•	•	•		-					
Revenue	6	•		rities (complete applicable parts of Schedul			Check here					
Š	a		-	t including \$				o				
Œ		reported on				1 01		0				
	Ь			ses other than fundraising expe					6c		0	
	C	Net income	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
	7a	Gross sales	42 440 45						1			
	b	Less: cost of	of goo	ds sold			42	,110.45	_			
	С	Gross profit	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					-	7c	;	38,837.05	
	8	Other reven						)	8		0	
_	9	Total reven	ue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, an	<u>d8</u>	<u> </u>		<u>▶</u>	9		<u>48,469.96</u>	
	10	Grants and	sımila	amounts paid (attach schedule)					10		30,969.72	
<b>+-</b> .	11	Benefits paid to or for members							11		8,815.11	
ωS.	-12	-Salaries, other compensation, and employee benefits							12		0	
penses	13		• •	and other payments to independ				L	13		0	
, e	14								14		2,400.00	
ā	N 15			ons, postage, and shipping.					15		42.00	
	1							1	16		0	
٥	16 517	Total exper	nses.	describe  Add lines 10 through 16				▶′ [	17		42,226.83	
	<del>                                      </del>			for the year (Subtract line 17 fro					18		6,243.13	
Assets	e 19		-					• • -				
SS	⊃19 ອາ	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)							19		43,930.40	
									20		0,000.40	
Net	¥20 ≸21			net assets or fund balances (atta d balances at end of year. Comb						·	50,173.53	
	D4'			If Total assets on line 25, colu					21			
	art II	parance 5			iiii (B) ai	ε φ∠,ουυ,υυυ or π						
25 25 25 25 25 25 25 25 25 25 25 25 25 2	실! 건		•	ee the instructions for Part II.)				ginning of ye		(B) End of		
2	2 Casi			estments				1,930.4			8,173.53	
2	🏅 Land							42,000.0	<del></del>		42,000.00	
2/	<b>∮</b> Oth∈	er assets (de:	scribe	<b>-</b>			)		0 24		0	
								43,930.4			50,173.53	
26	6 Tota	al liabilities (d	describ	e ►			)		0 26		0	
27	7 Net	assets or fu	ind ba	lances (line 27 of column (B) mu	ust agree	with line 21)	.	43,930	4 27		50,173.53	

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

Form **990-EZ** (2008)

Cat No 106421

0	7 000 EE (2000)					· age 📥
Рã	rt III Statement of Program Service Accom	plishments (See the instr	ructions for Part	III.)		Expenses
Wh:	at is the organization's primary exempt purpose? C				(Req	juired for 501(c)(3)
Dac	cribe what was achieved in carrying out the organization	tion's exempt purposes. In	a clear and conc	uce manner	and	(4) organizations 4947(a)(1) trusts;
dec dec	cribe the services provided, the number of persons ber	nion's exempt purposes, in	rmation for each n	rogram title	ontio	onal for others)
		<del></del>			Op	
28	Provide funding and services for Texas Lions Ca					
	School, Boys Ranch, LCIF, Sight First II, Diabetes					
	Charities, Purchase exams and glasses for school	ol kids. Fund and perform	community serv	ice		
	(Grants \$ ) If this amount inclu				28a	30,969.72
	Grants 4 ) It this amount men	ides loreign grams, check	nere	. <u> </u>	20a	00,000.12
29						
	(Grants \$) If this amount inclu	idae foreign grante, chack	horo	▶ □	29a	0
	γ j ii tiis amount meit	ides foreign grants, check	11616	<u>. – – –                                </u>	200	<del>-</del>
30						
	(Grants \$ ) If this amount inclu	ides foreign grants, check	k here			
	Other program services (attach schedule)	,				
					04-	_
					+	<u> </u>
32	Total program service expenses (add lines 28a th	rough 31a)		<u>, , , ▶</u>	32	30,969.72
Pa	rt IV List of Officers, Directors, Trustees, and Key I	Employees. List each one eve	n if not compensate	d. (See the in	structio	ons for Part IV.)
		(b) Title and average	(c) Compensation			
	(a) Name and address	hours per week	(If not paid,			
_		devoted to position	enter -U)	deterred compe	nsation	other allowances
Tai	mmy Kirk	President 4 Hr / week				
470	05 63rd St Lubbock, TX 79414		0		0	0
	Freeman	0				
		Secretary 6 Hr / week	۸ ا		Λ	n
	05 2nd St. Lubbock, TX 79416					
Ste	van Walker	Treasure 6 Hr / week				
630	06 32nd St. Lubbock, TX 79407		0		0	0
Jai	mes Osborne	Di				
	13 Homestead Ave Lubbock, TX 79424	Director 1.5 Hr / week	o	i	0	0
		<u> </u>				
	rion Spain	Director 1.5 Hr / week		1		
670	09 2nd Pl Lubbock, TX 79416		0	1	0	0
Da	vid Warsaw	Director 1.5 Hr / week				
64	04 69th St Lubbock, TX 79424	Director 1.5 fil / week	0		0	0
	······································			<del> </del>		
	bert Redden	Past President 2 Hr /			_	
54	07 89th St. Lubbock, TX 79424	week	0		0	0
Bri	uce Heine	1st Vice President				
AAI	04 47th St Lubbock, TX 79413		0		0	0
	34 47 till Ot Labbook, 17 15416	2 Hr / week	<u> </u>	ļ · · · — —		
			<b></b>			
				<del>  </del>		
			l			
			<del> </del>	<u> </u>		
				1		
			<del> </del>	<del> </del>		
			1	1		
				ļ		
			I	1		1

Pai	Other Information (Note the statement requirements in the instructions for Part VI.)		
	· ·		Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<b>✓</b>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	
	complete applicable parts of Schedule N	37b	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	<b>✓</b>
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		
	Gross receipts, included on line 9, for public use of club facilities		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule	40b	
С	L, Part I	100	
d	Enter amount of tax on line 40c reimbursed by the organization		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<b></b>
41	List the states with which a copy of this return is filed. ▶		
42a	The books are in care of ► Stevan Walker  Located at ► 6306 32nd St.  Telephone no. ► (806)  ZIP + 4 ► 7	77 -9407	7 6306 2828
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)?	42b	Yes No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, ▶□
		[	Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	
45 ——	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	1

Page	4

Part	VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 at	. All section 501(c)( nd 51.	3) organiza	ations mu	st answer question	ons 4	3–49	
46	 D⊌d th	e organization engage in direct or indirect p		vities on be	half of or in	opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I								
		e organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
		organization operating a school as describe					48		
		e organization make any transfers to an exe		elated organ	uzation?		49a		
		s," was the related organization(s) a section					49b		
50	Comp each r	lete this table for the five highest compensate eceived more than \$100,000 of compensation	on from the organizat	tion. If there	rs, director is none, e	s, trustees and key nter "None."	emplo	yees	who
	(a) Na	ame and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Co	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount ar allowar	nd
				_					
Total	numb	er of other employees paid over \$100,000 ►							
		elete this table for the five highest compensation from the organization. If there is no		tractors who	o each rece	eived more man \$1			
		(a) Name and address of each independent contractor [	paid more than \$100,000		<b>(b)</b> Ty	pe of service	(c) Cor	npensa	tion
		•••••							
Tatal		at ather independent anatomics and re-			·				
Total	numb	per of other independent contractors each re Under penalties of perjury, I declare that I have examin	ned this return, including a	companying s	chedules and	statements, and to the l	est of r	nv kno	wledge
		and belief, it is true, correct, and complete. Declarati	on of preparer (other than	officer) is base	d on all infor	nation of which prepare	r has ar	y knov	vledge.
Sign	- [	Sen With			1	1-10-10			
Here		Signature of officer				Date			
	1	Stevan Walker Treasure							
		Type or print name and title							
Paid Prepa	ror'e	Preparer's signature	D	ate	Check if self- employed	Preparer's Identifying	Number (	See inst	uctions)
Use (	1	Firm's name (or yours if self-employed),				EIN ►			
		address, and ZIP + 4		-4	!	Phone no ► ( )			7 11 -
мау	tne IR	S discuss this return with the preparer show	vn above? See instru	ctions .	<u> </u>	<u></u> <b>.</b> F		es	<b>No</b> (2008)