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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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 \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20 10

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 Lions SightFirst Foundation Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 93381 City or town, state or country, and ZIP + 4 Las Vegas, NV 89193	D Employer identification number 13-4295211 E Telephone number 702-316-4460 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method. Cash Accrual
Other (specify) ▶

I Website: ▶ www.lionssightfirst.org

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

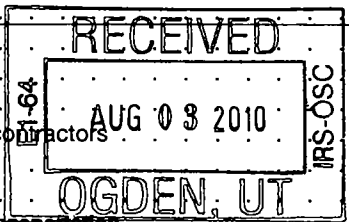
J Tax-exempt status (check only one) – 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	17,777
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	17,777	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	7,265
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,511
	16 Other expenses (describe ▶ <u>eyeglasses and patient transportation</u>)	16	2,282
17 Total expenses. Add lines 10 through 16 ▶	17	11,058	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,719
	19 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	7,732
	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 through 20 ▶	21	14,451



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	3,282	10,291
23	Land and buildings		
24	Other assets (describe ▶ <u>medical equipment</u>)	4,450	4,450
25	Total assets	7,732	14,741
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,732	14,741

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

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Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	✓	
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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	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 outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ Ken Richardson Telephone no. ▶ 702-395-7619 Located at ▶ 2929 Morning Dew Street, Las Vegas, NV ZIP + 4 ▶ 89117		
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)?	Yes	No
	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 .		
c	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: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ✓ |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None- All volunteers				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

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

Sign Here

Signature of officer: *Ken E. Richardson* Date: 7/30/2010

Ken Richardson, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

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

Preparer's identifying number (See instructions): _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500

OMB No 1545-1836

For tax years beginning **July 1, 2005**, and ending **June 30, 2010**

Print or type. See Specific Instructions.	Name of organization Lions SightFirst Foundation		Employer identification number 13-4295211
	Number and street (or P O box number if mail is not delivered to street address) PO Box 93381	Room/Suite	Telephone number (702) 316-4460
	City or town, state, and ZIP + 4 Las Vegas, NV 89193		E-mail address sightfirstlv@gmail.com
			Fax number (702) 946-1401

- Note:**
- Get **Schedule A (Form 990 or 990-EZ)**, *Organization Exempt Under Section 501(c)(3)*, and its separate instructions before you complete this form.
 - If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
 - Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
 - Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

Calendar year (or fiscal year beginning in) ▶	(a) Year 5	(b) Year 4	(c) Year 3	(d) Year 2	(e) Year 1 (See Note above.)	(f) Total of Years 1 through 5
1 Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.)	17,777	14,733	17,923	11,629	3,857	65,919
2 Membership fees received	0	0	0	0	0	0
3 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0	0
4 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0	0
5 Net income from unrelated business activities not included in line 4	0	0	0	0	0	0
6 Tax revenues levied for your benefit and either paid to you or expended on your behalf	0	0	0	0	0	0
7 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0	0
8 Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets						
9 Total of lines 1 through 8	17,777	14,733	17,923	11,629	3,857	65,919
10 Line 9 minus line 3	17,777	14,733	17,923	11,629	3,857	65,919
11 Enter 1% of line 9	178	147	179	116	39	659

12 If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines 12a through 12f. (Sections 509(a)(1) and 170(b)(1)(A)(vi)). **If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.**

a	Enter 2% of amount in column (f), line 10	▶	12a	1,318
b	Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts	▶	12b	0
c	Total support for section 509(a)(1) test: Enter line 10, column (f)	▶	12c	65,919
d	Add: Amounts from column (f) for lines 4 _____ 5 _____ 8 _____ 12b _____	▶	12d	0
e	Public support (line 12c minus line 12d total)	▶	12e	65,919
f	Public support percentage (line 12e (numerator) divided by line 12c (denominator))	▶	12f	100 %

13 If you are an organization that normally receives: **(1) more than 33 1/3%** of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and **(2) no more than 33 1/3%** of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines 13a through 13h. (Section 509(a)(2)). **If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.**

a For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year
(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

b For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the larger of (1) the amount on line 11 for the year or (2) \$5,000. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

c	Add: Amounts from column (f) for lines: 1 _____ 2 _____ 3 _____ 6 _____ 7 _____	▶	13c	
d	Add: Line 13a total _____ and line 13b total _____	▶	13d	
e	Public support (line 13c total minus line 13d total)	▶	13e	
f	Total support for section 509(a)(2) test: Enter amount from line 9, column (f)	▶	13f	
g	Public support percentage (line 13e (numerator) divided by line 13f (denominator))	▶	13g	%
h	Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator))	▶	13h	%

14 Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not include these grants in line 1.**

List the amount of unusual grants excluded for each year below.

(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

15 Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed **Form 2848**, Power of Attorney.

Name: Ken E. Richardson, President
Type or print name and title

Phone: (702) 523-3023 Fax Number (if available): (702) 946-1401

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete

Please Sign Here

Ken E. Richardson Signature of officer, director, or trustee

1-7-30-10 Date

Ken E. Richardson, President, SightFirst Foundation Type or print name and title or authority of signer

