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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 $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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
431 KATHERINE DR

City or town, state or country, and ZIP + 4
FLOWOOD, MS 39232

D Employer identification number
64-6028216

E Telephone number
(601) 420-5752

F Group Exemption Number ▶

*** *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) ▶ MODIFIED CASH

I Website: ▶ N/A

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

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 ▶ $ 148,053

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	148,053
	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 ▶ ☐			
	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	148,053
Expenses	10	Grants and similar amounts paid (attach schedule)		10	71,179
	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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	485
	16	Other expenses (describe ▶)		16	65,993
	17	**Total expenses.** Add lines 10 through 16 ▶		17	137,657
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,396
	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	350,136
	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	360,532

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)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	46,292	22	64,331
23	Land and buildings	298,555	23	292,443
24	Other assets (describe ▶)	5,289	24	3,758
25	**Total assets**	350,136	25	360,532
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	350,136	27	360,532

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO PROVIDE AID AND ASSISTANCE TO THE BLIND AND HEARING IMPAIRED PEOPLE OF MISSISSIPPI

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**		
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**		
31 Other program services (attach schedule) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**		
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	74,732	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
See Additional Data Table				

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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		No
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?	37b		
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?	38a		No
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 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
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	40b		No
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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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	40e		No

41 List the states with which a copy of this return is filed ▶ MS

42a The organization's books are in care of ▶ DAVID BARHAM Telephone no ▶ (601) 420-5754

Located at ▶ 431 KATHERINE DRIVE FLOWOOD, MS ZIP + 4 ▶ 39232

			Yes	No
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		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 ?	42c		No
	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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		No

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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		

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				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

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		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

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

****** — Signature of officer
2011-01-14 — Date

DAVID BARHAM EXECUTIVE ADMINISTRATOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's identifying number (See instructions)
AMIE T WHITTINGTON CPA	2010-12-22	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: HORNE LLP, 1020 Highland Colony Pkwy Ste 400, Ridgeland, MS 39157

EIN ▶

Phone no ▶ (601) 326-1000

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

Employer identification number
64-6028216

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,840	1,950	325	6,714		10,829
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	102,840	165,591	144,009	158,555	148,053	719,048
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	104,680	167,541	144,334	165,269	148,053	729,877
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						729,877

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	104,680	167,541	144,334	165,269	148,053	729,877
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,879	7,787	6,386	6,713		22,765
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,879	7,787	6,386	6,713		22,765
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	106,559	175,328	150,720	171,982	148,053	752,642

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	96 980 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	97 010 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	3 020 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	2 990 %

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 64-6028216
Name: LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 FINANCIAL SUPPORT PROVIDED TO MISSISSIPPI LIONS EYE BANK FOR EYE TRANSPLANT PROCEDURES AND OTHER OPERATIONAL NEEDS (Grants $ 25,400) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	25,400
29 FINANCIAL SUPPORT PROVIDED TO THE MISSISSIPPI LIONS ACTIVITIES CORPORATION FOR EYE TRANSPLANT PROCEDURES AND OTHER OPERATINAL NEEDS (Grants $ 30,579) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	30,579
30 FINANCIAL SUPPORT PROVIDED TO THE LIONS OF MISSISSIPPI EYE TRANSPLANT PROCEDURES AND OTHER OPERATINAL NEEDS (Grants $ 15,200) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	15,200
FUNDS SPENT TO AID BLIND AND HEARING IMPAIRED PERSONS ACTIVITIES FUNDED AND CONDUCTED INCLUDE PROVIDING ASSISTANCE TO CORNEAL TRANSPLANT PATIENTS, CONDUCTING A CAMP FOR BLIND CHILDREN, PROVIDING HEARING AIDS TO INDIGENT PEOPLE, PROMOTING AWARENESS FOR THE CAUSES AND TREATMENT OF DIABETES, AND SCREENINGS WERE CONDUCTED FOR CHILDREN AND ADULTS WITH VISUAL ACCUITY PROBLEMS (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		3,553

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Bill Heywood 995 State Line Rd Columbus, MS 39702	Immed Past PresIDENT 4 00	0	0	0
Toney Hollingshead PO Box 452 Morton, MS 39117	PRESIDENT 4 00	0	0	0
Ron Christopher 505 Bradford Dr Brandon, MS 39047	1st Vice PRESIDENT 4 00	0	0	0
Barron Caulfield 107 Young St Water Valley, MS 38965	2ND VICE PRESIDENT 4 00	0	0	0
Hugh Sloan 607 Manor Dr Oxford, MS 38965	TRUSTEE 4 00	0	0	0
Richard Woodward 4877 Hwy 14 W Louisville, MS 39339	TRUSTEE 4 00	0	0	0
Billy Joe Webb 1350 Rural Dempsey Rd Louisville, MS 39339	TRUSTEE 4 00	0	0	0
Patricia Norton 292 Clark Rd Byhalia, MS 38611	TRUSTEE 4 00	0	0	0
Dave Young 4414 Hwy 178 W Red Banks, MS 38611	TRUSTEE 4 00	0	0	0
Joann Thrailkill 723 Enterprise Dr Winona, MS 38967	TRUSTEE 4 00	0	0	0
Tammy Cantrell 1683 Thrush Hollow Rd Tupelo, MS 38804	TRUSTEE 4 00	0	0	0
Tim Boyd 7184 Old Hwy 61 S Dundee, MS 38626	TRUSTEE 4 00	0	0	0
Al Brantley 135 Caribbean Cv Clinton, MS 39056	TRUSTEE 4 00	0	0	0
Don Travis 1246 Pentecostal Dr Raymond, MS 39154	TRUSTEE 4 00	0	0	0
Betty Little PO Box 80 Morton, MS 39117	TRUSTEE 4 00	0	0	0
Dee Tanner 987 Ala Moana St Diamondhead, MS 39525	TRUSTEE 4 00	0	0	0
Judy Gavin 16010 McClellan Rd Biloxi, MS 39532	TRUSTEE 4 00	0	0	0
Glenda Shoemaker PO Box 288 Pelahatchie, MS 39145	TRUSTEE 4 00	0	0	0
Laverne Phelan PO Box 3703 Brookhaven, MS 39603	TRUSTEE 4 00	0	0	0
Dorothy Stephens 2216 Front St Meridian, MS 39301	TRUSTEE 4 00	0	0	0
DAVID BARHAM 431 KATHERINE DRIVE FLOWOOD, MS 39232	EXECUTIVE ADMINISTRATOR 10 00	0	0	0
HARRY TABOR 153 H B TABOR RD MCCOOL, MS 39702	3RD VP AND TREASURER 4 00	0	0	0
LES PERRY 450 rd 141 TUPELO, MS 38804	TRUSTEE 4 00	0	0	0
SHARON SCHAMBER JONES 1316 HARDY ST HATTIESBURG, MS 39401	TRUSTEE 4 00	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

EIN: 64-6028216

Item No.	1
Class of Activity	CASH GRANT FOR EYE TRANSPLANTS
Donee's Name	MISSISSIPPI LIONS EYE BANK
Donee's Address	431 KATHERINE DRIVE FLOWOOD, MS 39232
Amount (FMV)	25,400
Purpose of Payment to Affiliate	
Relationship	AFFILIATED BUT NOT A CONTROLLED ORG
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	CASH GRANT
Donee's Name	LIONS OF MISSISSIPPI
Donee's Address	431 KATHERINE DRIVE FLOWOOD, MS 39232
Amount (FMV)	15,200
Purpose of Payment to Affiliate	
Relationship	AFFILIATED BUT NOT A CONTROLLED ORG
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	CASH GRANT
Donee's Name	MISSISSIPPI LIONS ACTIVITIES CORP
Donee's Address	431 KATHERINE DRIVE FLOWOOD, MS 39232
Amount (FMV)	30,579
Purpose of Payment to Affiliate	
Relationship	AFFILIATED BUT NOT A CONTROLLED ORG
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Assets Schedule

Name: LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

EIN: 64-6028216

Description	Beginning of Year Amount	End of Year Amount
UTILITY DEPOSITS	166	166
Other Depreciable Assets	5,123	3,592

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TY 2009 Other Expenses Schedule

Name: LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

EIN: 64-6028216

Description	Amount
ADDIE MCBRIDE	3,553
OFFICE OPERATIONS	3,076
ACCOUNTING FEES	14,789
SUPPLIES	7,798
MISCELLANEOUS	12,897
RENTAL EXPENSES	23,880

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: LIONS SIGHT FOUNDATION OF MISSISSIPPI INC

EIN: 64-6028216

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.