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# 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 2011

B Check if applicable	C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	Thibodaux Lions Club			23-7132769
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return				
<input type="checkbox"/> Termination				
<input type="checkbox"/> Amended return	P.O. Box 461			F Group Exemption Number ► 0239
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4			
	Thibodaux, LA 70302			

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ►  
J Tax-exempt status (check only one) - 501(c)(3)  501(c)(4) (insert no) 4947(a)(1) or 527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 106,223.48

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	3 13,931.90	
4 Investment income . . . . .	4 1,501.33	
5 a 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 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 37,530.00	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	6b 53,260.25	
c Less direct expenses gaming and fundraising events . . . . .	6c 54,638.95	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 36,151.30	
7 a 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 in Schedule O) . . . . .	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9 51,584.53	
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 28,346.35	
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 4,000.00	
15 Printing, publications, postage, and shipping . . . . .	15 6.32	
16 Other expenses (describe in Schedule O). Awards, meals, supplies . . . . .	16 11,170.20	
17 Total expenses. Add lines 10 through 16 . . . . .	17 43,522.87	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 8,061.66	
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 56,469.59	
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 64,531.25	

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2010)

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II . . . . . 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	56,469.59	22	65,776.25
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	555.00
25 Total assets . . . . .	56,469.59	25	66,331.25
26 Total liabilities (describe in Schedule O) . . . . .		26	1,800.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	56,469.59	27	64,531.25

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III . . . . . What is the organization's primary exempt purpose? Civic/Social Service

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 Youth Educational Support - Provided college scholarships to local students			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►		28a	5,961.00
29 LA Lions Crippled Children's Camp - Funded camp fees for summer camp for physically and mentally handicapped children			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►		29a	9,090.00
30 Sight Conservation - Provided eye exams and procedures for the indigent			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►		30a	9,034.00
31 Other program services (describe on Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►		31a	1,800.00
32 Total program service expenses (add lines 28a through 31a) . . . . . ►		32	25,885.00

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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
Ed Comeaux 160 Abby Lake Dr, Thibodaux, LA 70301	President 4 hours	0.00	0.00	0.00
Eddie Hebert 727 Rosedown, Thibodaux, LA 70301	1st Vice President 1 hour	0.00	0.00	0.00
Corey Zeringue 417 Cedar Tree, Thibodaux, LA 70301	2nd Vice President 1 hour	0.00	0.00	0.00
Craig Savoie	3rd Vice President 1 hour	0.00	0.00	0.00
John Constant 204 Grand Lakes, Thibodaux, LA 70301	Treasurer 3 hours	0.00	0.00	0.00
Gerald Richard 129 Rubiyat, Thibodaux, LA 70301	Recording Secretary 3 hours	0.00	0.00	0.00
Chuck Seaman 313 Pamela Place, Thibodaux, LA 70301	Corresponding Secretary 1 hour	0.00	0.00	0.00
Jeremy Molaison 313 Julia St., Thibodaux, LA 70301	Tail Twister 1 hour	0.00	0.00	0.00
Luke Ford 402 Lagarde, Thibodaux, LA 70301	Lion Tamer 1 hour	0.00	0.00	0.00
David Biondo 209 Abigail, Thibodaux, LA 70301	Director 1 hour	0.00	0.00	0.00
Jeff Diedrich 1431 Oakley, Thibodaux, LA 70301	Director 1 hour	0.00	0.00	0.00
Clyde Naquin 1201 Cardinal, Thibodaux, LA 70301	Director 1 hour	0.00	0.00	0.00
See attached - Schedule O		0.00	0.00	0.00

**Part V Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? . . . . .

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 0.00

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 tax year 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 . . . . . ► 0.00

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0.00

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 ► John Constant Telephone no ► 985-448-3707 Located at ► 206 East Bayou Rd., Thibodaux, LA ZIP + 4 ► 70301

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.

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 . . . . . ►  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

c Did the organization receive any payments for indoor tanning services during the year? . . . . .

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

	Yes	No
33	x	
34	x	
35a	x	
35b		
36	x	
37b	x	
38a	x	
40b	x	
40e	x	

	Yes	No
42b	x	
42c	x	

	Yes	No
44a	x	
44b	x	
44c	x	
44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45	x
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	45a	x
		46	x

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI . . . . .

		Yes	No
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	
49 a	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 "		

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."

d. Total number of other independent contractors receiving over \$100,000

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.

true, correct, and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge.													
<b>Sign Here</b>	 Signature of officer <b>John Constant, Treasurer</b> Type or print name and title												
	2-11-12 Date												
<b>Paid Preparer Use Only</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Print/Type preparer's name</td> <td style="width: 33%;">Preparer's signature</td> <td style="width: 33%;">Date</td> </tr> <tr> <td>Firm's name ►</td> <td colspan="2">Check <input type="checkbox"/> if self-employed</td> </tr> <tr> <td>Firm's address ►</td> <td colspan="2">Firm's EIN ►</td> </tr> <tr> <td></td> <td colspan="2">Phone no</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Firm's name ►	Check <input type="checkbox"/> if self-employed		Firm's address ►	Firm's EIN ►			Phone no	
Print/Type preparer's name	Preparer's signature	Date											
Firm's name ►	Check <input type="checkbox"/> if self-employed												
Firm's address ►	Firm's EIN ►												
	Phone no												

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

**2010**Open To Public  
Inspection

Name of the organization

Thibodaux Lions Club

Employer identification number

23-7132769

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**Part I** Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/>	Mail solicitations	e <input type="checkbox"/>	Solicitation of non-government grants
b <input type="checkbox"/>	Internet and email solicitations	f <input type="checkbox"/>	Solicitation of government grants
c <input type="checkbox"/>	Phone solicitations	g <input type="checkbox"/>	Special fundraising events
d <input type="checkbox"/>	In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ►						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 All Star Game (event type)	(b) Event #2 Jamboree (event type)	(c) Other Events 1 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts . . . . .	33,019.00	15,945.25	4,296.00	53,260.25
2 Less: Charitable contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .	33,019.00	15,945.25	4,296.00	53,260.25
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	17,257.79	11,276.12	1,293.15	29,827.06
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► ( 29,827.06 )
11 Net income summary Combine line 3, column (d), and line 10 . . . . .				► 23,433.19

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue . . . . .			37,530.00	37,530.00
2 Cash prizes . . . . .			12,150.00	12,150.00
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .			941.00	941.00
5 Other direct expenses . . . . .			11,720.89	11,720.89
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				► ( 24,811.89 )
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				► 12,718.11

9 Enter the state(s) in which the organization operates gaming activities: Louisiana

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

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10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

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11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	0.0000 %
b An outside facility	13b	100.0000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► John Constant

Address ► 206 East Bayou Rd., Thibodaux, LA 70301

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information:

Name ► John Constant

Gaming manager compensation ► \$ 0.00

Description of services provided ► Maintaines records, deposits revenue, pays expenses

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0.00

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
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Name of the organization

Thibodaux Lions Club

Employer identification number

23-7132769

Form 990-EZ Part I, Line 10 - Grants and Similar Amounts Paid

4-H Livestock Show	\$500.00
All Star Scholarships	2,500.00
Arian Service Awards	1,461.00
Bayou Bridge Lights	300.00
Boy Scouts of America	100.00
CASA	200.00
DECA Scholarships	500.00
District & Int'l Dues	2,461.35
Lions Crippled Children's Camp	9,090.00
Nicholls Speech Scholarship	1,000.00
Sight Conservation - Eye Foundation	8,150.00
Sight Conservation - Local	884.00
Youth Recreational Sports	1,200.00
Total	28,346.35

Form 990-EZ Part I, Line 16 - Other Expenses

Cost of meals assesed to members, awards for service, and supplies.

Form 990-EZ Part II, Line 24 - Other Assets

Represents deposits and prepaid expenses for fundraising events.

Form 990-EZ Part II, Line 26 - Total Liabilities

Prepaid ads by members in program for jamboree.

Name of the organization

Thibodaux Lions Club

Employer identification number

23-7132769

## Form 990-EZ Part III, Line 31 - Other Program Services

Represents community support in the form funding for youth recreational sports,  
holiday lights on local bridge, and funding for local charities. Form 990-EZ Part IV

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

(c) (d) (e)

Richard Folse Director

307 Amis, Thibodaux 1 hour 0 0 0

Brenton Naquin Membership Chair

417 Rue De Cypress, Thibodaux, LA 1 hour 0 0 0

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization <b>Thibodaux Lions Club</b>	Employer identification number <b>23-7132769</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. Box 461</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Thibodaux, LOUISIANA (LA), 70302</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

**0 3**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **John Constant**

Telephone No. ► **(985) 851-5350** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 . . . or

►  tax year beginning **07/01** . . . . . 20 **10** . . . and ending **06/30** . . . . . 20 **11** . . .

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.00
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0.00

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box . . . . . ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

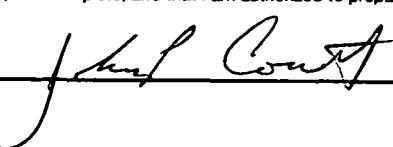
- The books are in the care of ► Telephone No. ► FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until . . . . . , 20 . . . . .
- 5 For calendar year . . . . , or other tax year beginning . . . . , 20 . . . . , and ending . . . . , 20 . . . .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► Treasurer Date ► 2-11-12  
 Form 8868 (Rev. 1-2011)