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Extended

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. 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.

OMB No 1545-1150

2010Open to Public
InspectionA For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

**INTERNATIONAL ASSOC. OF LIONS CLUBS
HENDERSON BREAKFAST LIONS**

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 313

Room/suite

City or town, state or country, and ZIP + 4

HENDERSON, KY 42419-0313

D Employer identification number

61-1218616

E Telephone number

270-827-1577F Group Exemption
Number ▶G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶I Website: ▶ **WWW.HENDERSONTRIFEST.ORG**H Check ☒ if the organization is not
required to attach Schedule BJ Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

(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 \$50,000. A Form 990-EZ or Form 990 return is not required though 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,

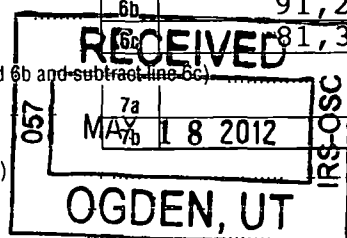
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **95,865.****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	4,614.
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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 exceeds \$15,000)	6b	91,251.
c	Less direct expenses from gaming and fundraising events	6c	81,390.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,861.	
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 in Schedule O)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	14,475.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	29,583.
	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	2,502.
	15	Printing, publications, postage, and shipping	15	885.
	16	Other expenses (describe in Schedule O)	16	8,856.
	17	Total expenses Add lines 10 through 16	17	41,826.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,351.
	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	47,413.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	20,062.

SEE SCHEDULE O

SEE SCHEDULE O



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

JUN 18 2012

10 65

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	47,413.	22 20,062.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	47,413.	25 20,062.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,413.	27 20,062.

Check if the organization used Schedule O to respond to any question in this Part III

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)

(Grants \$) If this amount includes foreign grants, check here ☐ 28a 29,583.

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 (describe in Schedule O)	
----	---	--

(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32	Total program service expenses (add lines 28a through 31a)	32	29,583.
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Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

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

X

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

33

X

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)

34

X

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

35a

X

35b

N/A

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

X

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

X

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?

38a

X

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

N/A

39

Section 501(c)(7) organizations. Enter

39a

N/A

39b

N/A

a

Initiation fees and capital contributions included on line 9

b

Gross receipts, included on line 9, for public use of club facilities

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911

N/A

section 4912

N/A

section 4955

N/A

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

40b

X

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

X

41

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

KY

42a

The organization's books are in care of

KRIS KEMP, CPA

Telephone no

270-827-1577

Located at

300 FIRST ST, HENDERSON, KY

ZIP + 4

42420

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

X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

42c

X

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

N/A

44a

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

44a

X

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

44b

X

c

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

44c

X

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

44d

- 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
- 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

	Yes	No
45		X
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 ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
 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"

	Yes	No
47		
48		
49a		
49b		

(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
N/A				

- 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" N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ▶
- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KRIS A. KEMP, CPA

KRIS A. KEMP, CPA

05/15/12

Firm's name ▶ MYRIAD CPA GROUP, LLC

Firm's EIN ▶

Firm's address ▶ 300 FIRST STREET - P.O. BOX 596
 HENDERSON, KY 42419-0596

Phone no (270) 827-1577

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

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
Inspection

Name of the organization

INTERNATIONAL ASSOC. OF LIONS CLUBS
HENDERSON BREAKFAST LIONS

Employer identification number
61-1218616

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: PROJECTS FOR EDUCATION

GRANTEE NAME: VARIOUS LOCAL SCHOOLS

GRANTEE ADDRESS: VARIOUS HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/11

AMOUNT GIVEN: 6,500.

ACTIVITY CLASSIFICATION: VARIOUS SMALL CHARITIES

GRANTEE NAME: VARIOUS LOCAL NOT FOR PROFITS

GRANTEE ADDRESS: VARIOUS HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/11

AMOUNT GIVEN: 3,450.

ACTIVITY CLASSIFICATION: VARIOUS CHURCHES

GRANTEE NAME: VARIOUS LOCAL CHURCHES

GRANTEE ADDRESS: VARIOUS HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 06/30/11

AMOUNT GIVEN: 1,800.

ACTIVITY CLASSIFICATION: ARTS

GRANTEE NAME: HENDERSON AREA ARTS ALLLIANCE

GRANTEE ADDRESS: HENDERSON, KY 42420

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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HENDERSON BREAKFAST LIONS

Employer identification number
61-1218616

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: FOOD PANTRY

GRANTEE NAME: HENDERSON CHRISTIAN COMMUNITY OUTREACH

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: HEALTH CARE

GRANTEE NAME: ST ANTHONY'S HOSPICE

GRANTEE ADDRESS: 2410 S GREEN STREET HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 3,333.

ACTIVITY CLASSIFICATION: HEALTH CARE

GRANTEE NAME: HENDERSON COUNTY DIABETES COALITION

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: HEALTH CARE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2010

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Inspection

Name of the organization

INTERNATIONAL ASSOC. OF LIONS CLUBS
HENDERSON BREAKFAST LIONS

Employer identification number
61-1218616

GRANTEE NAME: MATTHEW 25 AIDS SERVICES

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: ARTS

GRANTEE NAME: OHIO VALLEY ART LEAUGE

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: WELFARE

GRANTEE NAME: VOLUNTEER AND INFORMATION CENTER

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: HEALTH CARE

GRANTEE NAME: MARSHA'S PLACE

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 1,500.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2010

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HENDERSON BREAKFAST LIONS

Employer identification number
61-1218616

ACTIVITY CLASSIFICATION: ANIMAL FACILITY IMPROVEMENTS

GRANTEE NAME: HUMANE SOCIETY OF HENDERSON COUNTY

GRANTEE ADDRESS: HENDERSON, KY 42420

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 29,583.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MEETING COSTS 6,578.

DUES 2,278.

TOTAL TO FORM 990-EZ, LINE 16 8,856.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ASSIST LOCAL SCHOOLS AND
NOT FOR PROFIT ORGANIZATIONS IN RAISING FUNDS TO SUPPORT THEIR
CHARITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.