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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, 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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

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

C Name of organization**LIONS CLUB OF LEXINGTON, INC.**

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

PO BOX 71

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

LEXINGTON, MA 02420**D** Employer identification number**04-2371592****E** Telephone number**781-862-4710****F** Group Exemption

Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ► **WWW.LEXINGTONLIONS.ORG****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) ◀ (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 or a section 527 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► \$ **155,605.****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	44,762.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	15,050.
	4	Investment income	4	2,165.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	84,672.
6c	Less: direct expenses from gaming and fundraising events	6c	49,946.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	34,726.	
7a	Gross sales of inventory, less returns and allowances	7a	8,956.	
7b	Less: cost of goods sold	7b	5,620.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,336.	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5b, 6d, 7c, and 8	9	100,039.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	37,446.
	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	
	16	Other expenses (describe in Schedule O)	16	22,075.
	17	Total expenses. Add lines 10 through 16	17	59,521.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	40,518.
	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	230,127.
	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	270,645.

LHA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)91
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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	228,807.	22	268,408.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,320.	24	4,105.
25 Total assets	231,127.	25	272,513.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,000.	26	1,868.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	230,127.	27	270,645.

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 ☒

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 **SEE SCHEDULE O**(Grants \$ **33,446.**) If this amount includes foreign grants, check here ☐ 28a **33,446.**29 **THE LIONS CLUB AWARDS SCHOLARSHIPS TO HIGH SCHOOL SENIOR RECIPIENTS FOR HIGHER EDUCATION.**(Grants \$ **4,000.**) If this amount includes foreign grants, check here ☐ 29a **4,000.**

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 ☐ 31a32 **Total program service expenses** (add lines 28a through 31a)32 **37,446.****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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JONATHAN DORAN	PRESIDENT			
PO BOX 536, LEXINGTON, MA 02420	1.00	0.	0.	0.
JANET PERRY	VICE PRESIDENT			
16 ELLISON ROAD, LEXINGTON, MA 02421	1.00	0.	0.	0.
STACY SHEEHAN	VICE PRESIDENT			
87 HUDSON STREET, LEXINGTON, MA 02420	1.00	0.	0.	0.
WILLIAM CARLSON, 185 LOWELL STREET, LEXINGTON, MA 02420	1.00	0.	0.	0.
ALAN WRIGLEY	DIRECTOR			
205 GROVE STREET, LEXINGTON, MA 02420	1.00	0.	0.	0.
MARY DONAHUE	DIRECTOR			
3 CROSBY ROAD, LEXINGTON, MA 02421	1.00	0.	0.	0.
RICHARD MICHELSON	DIRECTOR			
54 ASBURY STREET, LEXINGTON, MA 02421	1.00	0.	0.	0.
HENRY THERIAULT, 30 WESTLEY STREET, WINCHESTER, MA 01890	1.00	0.	0.	0.
JOHN MUNGO	DIRECTOR			
20 WINTHROP ROAD, LEXINGTON, MA 02421	1.00	0.	0.	0.
JOHN B. IRWIN	DIRECTOR			
32 YOUNG STREET, LEXINGTON, MA 02420	1.00	0.	0.	0.
JOSEPH LAMARCA	DIRECTOR			
5 LIANA STREET, WOBURN, MA 01801	1.00	0.	0.	0.
DOUGLAS LUCENTE, 17 VINE BROOK ROAD, LEXINGTON, MA 02421	3.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ MA		
42a The organization's books are in care of ▶ DOUGLAS LUCENTE Telephone no. ▶ 781-424-4007 Located at ▶ 17 VINE BROOK ROAD, LEXINGTON, MA ZIP + 4 ▶ 02421		
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.		<input checked="" type="checkbox"/>
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: ▶		<input checked="" type="checkbox"/>
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 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b 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)		

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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

DOUGLAS LUCENTE, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MATTHEW P. STONE CPA

Matthew P. Stone

10/31/12

P00034719

Firm's name **STONE & COMPANY, LLC**

Firm's EIN **20-8014049**

Firm's address **57 BEDFORD ST., STE 225**

Phone no. **(781) 863-6300**

LEXINGTON, MA 02420-4443

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

☒ Yes ☐ No

Form 990-EZ (2011)

Department of the Treasury
Internal Revenue Service

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

2011

Open To Public Inspection

Name of the organization

LIONS CLUB OF LEXINGTON, INC.

Employer identification number

04-2371592

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** 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
		Yes	No			
Total						

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

[illegible]

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 JULY 4TH FUNDRAISER	(b) Event #2 PATRIOTS DAY ROAD RACE	(c) Other events 5	(d) Total events (add col. (a) through col (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	72,403.	9,487.	2,782.	84,672.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	72,403.	9,487.	2,782.	84,672.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	35,269.	7,624.	7,053.	49,946.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(49,946)
11 Net income summary. Combine line 3, column (d), and line 10				34,726.

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))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 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 | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 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 ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ 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 ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations 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)

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

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Name of the organization

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Employer identification number
04-2371592

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

2,165.

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS

8,956.

2. RETURNS AND ALLOWANCES

0.

3. LINE 1 LESS LINE 2

8,956.

4. COST OF GOODS SOLD (LINE 13)

5,620.

5. GROSS PROFIT (LINE 3 LESS LINE 4)

3,336.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR

0.

7. MERCHANDISE PURCHASED

0.

8. COST OF LABOR

0.

9. MATERIALS AND SUPPLIES

5,620.

10. OTHER COSTS

0.

11. ADD LINES 6 THROUGH 10

5,620.

12. INVENTORY AT END OF YEAR

0.

13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)

5,620.

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

GRANT EVENT EXPENSE

2,240.

MEETING EXPENSE

10,481.

ADMINISTRATIVE EXPENSE

4,894.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

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.
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Employer identification number

04-2371592

DUES & SCHOLARSHIP EXPENSE	3,261.
OTHER EXPENSES	1,199.
TOTAL TO FORM 990-EZ, LINE 16	22,075.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CUSTOMER INVOICES	890.	0.
MEMBERS DUE	1,430.	4,105.
TOTAL TO FORM 990-EZ, LINE 24	2,320.	4,105.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNPAID SCHOLARSHIPS	1,000.	0.
DEPOSITS - SIGNS	0.	1,868.
TOTAL TO FORM 990-EZ, LINE 26	1,000.	1,868.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO CREATE AND FOSTER A SPIRIT OF UNDERSTANDING AMONG THE PEOPLE OF THE WORLD. TO PROMOTE THE PRINCIPLES OF GOOD GOVERNMENT AND GOOD CITIZENSHIP. TO TAKE AN ACTIVE INTEREST IN THE CIVIC, CULTURAL, SOCIAL AND MORAL WELFARE TO THE COMMUNITY. TO UNITE THE MEMBERS IN THE BONDS OF FRIENDSHIP, GOOD FELLOWSHIP AND MUTUAL UNDERSTANDING. TO ENCOURAGE SERVICE-MINDED PERSONS TO SERVE THEIR COMMUNITY WITHOUT PERSONAL FINANCIAL REWARD. TO AID THE BLIND, THE SIGHT HANDICAPPED, THOSE NEEDING EYE CARE AND EYE RESEARCH.

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

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Open to Public
Inspection

Name of the organization

LIONS CLUB OF LEXINGTON, INC.

Employer identification number

04-2371592

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE LIONS ARE RECOGNIZED WORLDWIDE FOR THEIR SERVICE TO
THE BLIND AND VISUALLY IMPAIRED. TODAY, IN ADDITION TO
THEIR INTERNATIONAL SIGHTFIRST PROGRAM, LIONS EXTEND THEIR
COMMITMENT TO SIGHT CONSERVATION THROUGH COUNTLESS LOCAL EFFORTS. TO
PROVIDE THE YOUNG PEOPLE OF THE WORLD WITH OPPORTUNITIES FOR
ACHIEVEMENT, LEARNING, CONTRIBUTION AND SERVICE, INDIVIDUALLY AND
COLLECTIVELY, THROUGH SPONSORSHIP OF ACTIVITIES IDENTIFIED AS BEST
PRACTICES IN THE FIELD OF YOUTH DEVELOPMENT.

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.

Employer identification number

04-2371592

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