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990-EZ

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)

2012

OMB No 1545-1150

▶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.

Open to Public Inspection

Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. JULY 1 2012, and ending JUNE 30 A For the 2012 calendar year, or tax year beginning 2013 B Check if applicable. C Name of organization D Employer Identification number Address change 61-6030306 PADUCAH LIONS CLUB-INTERNATIONAL ASSOC OF LIONS CLUBS Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return P O BOX 7201 270-443-3122 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return PADUCAH, KY 42002-7201 Number ▶ 0239 Application pending H Check ► X if the organization is not X Cash ☐ Accrual G Accounting Method: Other (specify) required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 501(c)(3) ☐ 527 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 Revenue. Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . 3 33,981.38 4 4 Investment income 12.23 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses b 0.00 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a SCANNED JAN 2 7 2014 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) . . . 3,307.60 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 3,307.60 7a Gross sales of inventory, less returns and allowances . 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0.00 7c C 8 Other revenue (describe in Schedule O) 8 1,591.85 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8-9 38,893.06 10 Grants and similar amounts baid (list in Schedule 10) 10 2,803.00 11 Benefits paid to or for members 11 Ø Salaries, other compensation and employee benefits 12 212.00 10 12 Professional fees and other payments to independent contractors 13 13 3,297.35 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping, U 15 15 16 Other expenses (describe in Schedule O) 16 28,303.60 17 Total expenses. Add lines 10 through 16 . 17 34,615.95 4,277.11 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 5,225.32 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 9,502.43 Form 990-EZ (2012) For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt II Balance Sheets (see the instructions t	for Part II)					
	Check if the organization used Schedule	O to resp	pond to an	y question in this				<u> </u>
					(A) Beginning		+	(B) End of year
22	Cash, savings, and investments				5,6	29.42		9,243.71
23 24	Land and buildings						23	258.72
25	Total assets				5.6	29.42		9,502.43
26	Total liabilities (describe in Schedule O)					04.10	+	0.00
27	Net assets or fund balances (line 27 of column					25.32		9,502.43
Par	t III Statement of Program Service Accom	plishmer	its (see the	e instructions for	Part III)			Expenses
	Check if the organization used Schedule				s Part III .	📮	(Red	quired for section
Wha	t is the organization's primary exempt purpose?	FRATER	NAL CIV	IC CLUB				(c)(3) and 501(c)(4) anizations and section
Desc	cribe the organization's program service accompli	ishments _:	for each of	its three largest	program sei	vices,		7(a)(1) trusts; optional
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea			services provide	ed, the num	ber of	for	others.)
	PURCHASE OF EYEGLASSES FOR INDIGE						+	
	(Grants \$) If this amount	includes	foreign gra	nts, check here	· · · :	D	282	2,803.00
29								
	(0)		· · · ·					
30	(Grants \$) If this amount						298	3
30				·		-		
	(Grants \$) If this amount	tincludes	foreign gra	ints, check here		▶ □	30	a
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount	t includes	foreign gra	ints, check here	<u> </u>	D	31:	
	Total program service expenses (add lines 28a						32	
Par	List of Officers, Directors, Trustees, and Ke							•
	Check if the organization used Schedule	1		(c) Reportable		benefits,		
	(a) Name and title		Average per week	compensation (Forms W-2/1099-MIS	contributions		yee (e) Estimated amount o other compensation
		devoted	to position	(if not paid, enter -0				other compensation
LOR	I DEVINE, PRESIDENT					_		
		4	HRS/WK		0		0	
STE	VE BALENTINE, TREASURER	_			_			
		10	HRS/WK		0		0	
MAR	Y CANTER, SECRETARY	- 15	HRS/WK	7 207 7	. =		0	
COR	EY AKER, 1ST V-P	+ 13	HKS/WK	3,297.3	-		-	
	21 21 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 2	HRS/WK	ļ	0		0	
SAM	WRIGHT, 2ND V-P	- 						
		2	HRS/WK		0	_	0	
			<u> </u>					
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				I				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	o i ait	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	33		x
	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
	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)?	35a		x
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	35b		x
	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	35c		x
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
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	6.00		100
	Did the organization file Form 1120-POL for this year?	37b		Х
	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
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			100
	Gross receipts, included on line 9, for public use of club facilities	-		(1)
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911 ► ; section 4912 ► ; section 4955 ► 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
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			7.
е	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		Х
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ STEVE BALENTINE Telephone no. ▶270		-312	2
	Located at ▶801 N. 29TH ST, PADUCAH, KY ZIP +4 ▶ 420	01	T	
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)?	401-	Yes	No X
	If "Yes," enter the name of the foreign country: ▶	42b		A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			/ v
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		x
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			▶ □
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		No 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			X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	x
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)			x
		1700		

46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political complete Schedule C.	ampaign activities on	behalf of or in opposi	tion 46
Part		s only			
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI	🗅
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	-	tax . 47
48 49a b	Is the organization a school as described in Did the organization make any transfers the "Yes," was the related organization a second transfer that is the organization as the school as the organization as t	o an exempt non-cha ection 527 organization	ritable related organizon?	ation?	. 49a
50	Complete this table for the organization's employees) who each received more than				
	(a) Name and title of each employee paid more than \$100,000	(b) 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
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."		
(a)	Name and address of each independent contractor pa	aid more man \$100,000	(b) Type of serv	ince (i	c) Compensation
			-		
d 52	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note: All section 5	501(c)(3) organizations	s and 4947(a)(1)	▶ ☐ Yes ☐ No
Under p	penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other that	return, including accompar an office his based on all inf	nying schedules and statem ormation of which preparer	ents, and to the best of my has any knowledge	knowledge and belief, it is
Sign Here	0.00	President	,	Date 10	1-16-13
Paid Prer	Print/Type or print name and title Print/Type preparer's name J. ROBERT MILFORD, CPA	Preparer Signature			loyed P00070272
	Only Firm's name PECK & MILFOR		42001		1-0868974
May t	Firm's address ▶ 2320 BROADWAY The IRS discuss this return with the prepare			Phone no 470	D-442-7386 ► X Yes □ No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
PADUCAH LIONS CLUB-INTERNATIONAL ASSOC OF LIONS CLUBS	61-6030306
PART I - LINE 8: OTHER REVENUE SCHEDULE ATTACHED \$1,591.8	5
PART I - LINE 10: GRANTS & SIMILR AMOUNTS PAID SCHEDULE ATTAC	HED \$2,803.00
PART I - LINE 16: OTHER EXPENSES SCHEDULE ATTACHED \$28,303.	60
FART 1 - DINE 10. CIREA EAFENDED SCHEDULE ATTACHED \$20,303.	
-/	
PART II - LINE 26: TOTAL LIABILITIES SCHEDULE ATTACHED \$258.7	72
_,	
_,	

FORM 990-EZ, LINE 6b, FUNDRAISING EVENTS PADUCAH LIONS CLUB YEAR ENDED JUNE 30, 2013

TOTALS		3,307.60	3,307.60
EVENT B	GUM	1,285.10	1,285.10
EVENT	AUCTION	2,022.50	2,022.50
		GROSS RECEIPTS	NET INCOME

FORM 990-EZ, LINE 8, OTHER REVENUE PADUCAH LIONS CLUB YEAR ENDED JUNE 30, 2013

OTHER REVENUE:

	1,591.85
KROGER/HARDEES GIFT CARD REBATES	137.20
TELETHON INC-COMMON EXPENSES	849.39
REIMBURSEMENTS FROM LIONS CLUB	
MISCELLANEOUS	605.26

DETAILS TO EXPENSES PADUCAH LIONS CLUB YEAR ENDED JUNE 30, 2013

LINE 10 -GRANTS AND SIMILAR AMOUNTS PAID		LINE 31 OTHER GRANTS
PURCHASE OF EYEGLASSES FOR INDIGENT PERSONS	2,803.00	0
•	2,803.00	0
LINE 16 - OTHER EXPENSES		
FIDELITY BOND DUES PAID TO LIONS DISTRICT AND INTERNATIONAL MEETING FACILITIES RENT TAXES AND LICENSES TRAVEL AND CONVENTION OFFICE SUPPLIES MISCELLANEOUS CLUB SUPPLIES MEALS FOR CLUB MEETINGS AND EVENTS POSTAGE/P.O. BOX PAYROLL TAXES (CREDIT) ADVERTISING TELEPHONE	110.96 4,424.43 400.00 62.55 743.10 936.07 205.31 85.00 20,323.20 135.66 (21.56) 50.00 848.88	
	28,303.60	

DETAILS TO BALANCE SHEETS PADUCAH LIONS CLUB YEAR ENDED JUNE 30, 2013

	BEGINNING OF YEAR	END OF YEAR
LINE 26, TOTAL LIABILITIES PAYROLL TAXES WITHHELD	264.10	0.00
FLOOD WALL MURAL ESCROW DUE TO (FROM) TELETHON	0.00 140.00	0.00 258.72
	404.10	258.72

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	are filing for an Automatic 3-Month Extension, o						. , > 🛚	
• If you	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete onl	y Part II (on page 2 of	this	form).		
	complete Part II unless you have aiready been g							
a corpo 8868 to Return	onic filing (e-file). You can electronically file Form pration required to file Form 990-T), or an addition or request an extension of time to file any of the for Transfers Associated With Certain Personal tions). For more details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extend in Part II or Part II Contracts, which me	ension of time. You ca with the exception of ust be sent to the IF	an ele f Forr RS in	ctronica n 8870, paper	ally file Form Information format (see	
Part		. Only sub	omit original (no co	opies needed).				
	oration required to file Form 990-T and reques			extension—check thi			•	
	er corporations (including 1120-C filers), partnersh ncome tax returns.	ips, REMIC	S, and trusts must t	use Form 7004 to requ	uest a	an exten		
				Enter filer's identifying	g num	ber, see	instructions	
Туре о	Name of exempt organization or other filer, see in	structions.		Employer identification				
print	PADUCAH LIONS CLUB		·	61-6030306				
File by th	for P O BOX 7201	ox, see instru	uctions.	Social security number	(SSN))		
filing you return Si instructio	DEDITION TO A COOR TO COURT OF	r a foreign a	ddress, see instruction	s.				
	ne Return code for the return that this application i	s for (file a	separate application	n for each return) .			. 01	
Applic	cation	Return	Application				Return	
Is For		Code	Is For				Code	
Form	990 or Form 990-EZ	01	Form 990-T (corpo	oration)			07	
Form	990-BL	02	Form 1041-A	1-A			08	
Form	4720 (individual)	03	Form 4720				09	
Form	990-PF	04	Form 5227				10	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form	990-T (trust other than above)	06	Form 8870				12	
Telep If the If this for the a list w	chooks are in the care of ► STEVE BALENTI Shone No. ► NONE organization does not have an office or place of but is for a Group Return, enter the organization's four whole group, check this box ►	Fusiness in the digit Grown is for partion representation represen	AX No. NONE the United States, c up Exemption Numb t of the group, check ONLY FOR PA required to file Form zation return for the	per (GEN) 023 k this box	9 CLU me bove.	. If the extension of t	ttach -6030306 tension is	
	If the tax year entered in line 1 is for less than 12 n	nonths, ch	eck reason: Initia	al return	urn	, 20	 •	
	Change in accounting period				,			
	If this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions.	D-T, 4720,	or 6069, enter the to	entative tax, less any	3a	\$		
	If this application is for Form 990-PF, 990-T, 4					-		
	estimated tax payments made. Include any prior y		<u> </u>		3b	\$		
	Balance due. Subtract line 3b from line 3a. Includ EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.		3c		_	
Caution	. If you are going to make an electronic fund withdrawal	with this Fo	rm 8868, see Form 84	3-EO and Form 8879-E			instructions.	