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Form **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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JULY 1**, 2014, and ending **JUNE 30**, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PADUCAH LIONS CLUB-INTERNATIONAL ASSOC OF LIONS CLUBS	D Employer identification number 61-6030306
	Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 7201	E Telephone number NONE
	City or town, state or province, country, and ZIP or foreign postal code PADUCAH, KY 42002-7201	F Group Exemption Number ▶ 0239

G Accounting Method Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **NONE**

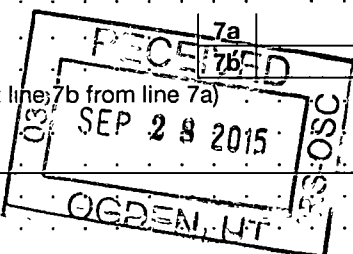
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (9) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **47,169.65**

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

		1		2		3		4		5a		5b		5c		6a		6b		6c		6d		7a		7b		7c		8		9		10		11		12		13		14		15		16		17		18		19		20		21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																																																							
	2	Program service revenue including government fees and contracts																																																							
	3	Membership dues and assessments																									40,292.70																														
	4	Investment income																									34.08																														
	5a	Gross amount from sale of assets other than inventory																																																							
	5b	Less: cost or other basis and sales expenses																																																							
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)													0.00																																										
	6	Gaming and fundraising events																																																							
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																																							
	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)													6,145.94																																										
6c	Less: direct expenses from gaming and fundraising events																																																								
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)													6,145.94																																											
7a	Gross sales of inventory, less returns and allowances																																																								
7b	Less: cost of goods sold																																																								
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																									0.00																															
8	Other revenue (describe in Schedule O)																									696.93																															
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																									47,169.65																															
Expenses	10	Grants and similar amounts paid (list in Schedule O)																									7,194.00																														
	11	Benefits paid to or for members																																																							
	12	Salaries, other compensation, and employee benefits																																																							
	13	Professional fees and other payments to independent contractors																																																							
	14	Occupancy, rent, utilities, and maintenance																																																							
	15	Printing, publications, postage, and shipping																																																							
	16	Other expenses (describe in Schedule O)																									32,910.56																														
	17	Total expenses. Add lines 10 through 16																									40,104.56																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																									7,065.09																														
	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)																									14,785.53																														
	20	Other changes in net assets or fund balances (explain in Schedule O)																																																							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																									21,850.62																														



SCANNED OCT 9 2015

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

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	14,785.53	22 22,250.62
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	14,785.53	25 22,250.62
26 Total liabilities (describe in Schedule O)		26 400.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,785.53	27 21,850.62

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? FRATERNAL CIVIC CLUB

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 PURCHASE OF EYEGLASSES FOR INDIGENT PERSONS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,694.00
29 PURCHASE OF SPECIAL CAMERA FOR SCREENING CHILDREN FOR POSSIBLE EYE PROBLEMS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,500.00
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	7,194.00

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 title	(b) 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
SAM WRIGHT, PRESIDENT	4 HRS/WK	0	0	0
STEVE BALENTINE, TREASURER	6 HRS/WK	0	0	0
MALLA YASHASWEE	6 HRS/WK	0	0	0
RICHARD BECK 1ST V-P	2 HRS/WK	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 Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Table with columns Yes, No and row 46 with 'X' in the No column.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 Schedule C, Part II

Table with columns Yes, No and row 47.

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

Table with columns Yes, No and row 48.

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

Table with columns Yes, No and row 49a.

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

Table with columns Yes, No and row 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (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 must attach a completed Schedule A

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 (Samuel Wright), Date (9-22-15), Type or print name and title (President Paducah Lions Club).

Paid Preparer Use Only: Preparer's name (J. ROBERT MILFORD, CPA), Preparer's signature, Date (9/11/2015), Check self-employed, PTIN (P00070272), Firm's name (PECK & MILFORD LLP, CPAs), Firm's address (100 FOUNTAIN AVE., STE 314, PADUCAH, KY 42001), Firm's EIN (61-0868974), Phone no (270-442-7386).

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

PADUCAH LIONS CLUB-INTERNATIONAL ASSOC OF LIONS CLUBS

Employer identification number

61-6030306

PART I - LINE 8: OTHER REVENUE. MISCELLANEOUS INCOME \$696.93

PART I - LINE 10: GRANTS & SIMILAR AMOUNTS PAID. SCHEDULE ATTACHED \$7,194.00

PART I - LINE 16: OTHER EXPENSES SCHEDULE ATTACHED \$32,910.56

PART II - LINE 26: TOTAL LIABILITIES DUE TO TELETHON FUND \$400.00

FORM 990-EZ, LINE 6b, FUNDRAISING EVENTS
PADUCAH LIONS CLUB
YEAR ENDED JUNE 30, 2015

	EVENT A	EVENT B	EVENT C	EVENT D	TOTALS
	AUCTION	GUM BALLS	CANDY DAY	KIDSIGHT CAMERA	
GROSS RECEIPTS	2,513.32	417.30	510.32	2,705.00	6,145.94
NET INCOME	<u>2,513.32</u>	<u>417.30</u>	<u>510.32</u>	<u>2,705.00</u>	<u>6,145.94</u>

**DETAILS TO EXPENSES
PADUCAH LIONS CLUB
YEAR ENDED JUNE 30, 2015**

LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID		<u>LINE 31 OTHER GRANTS</u>
PURCHASE OF EYEGASSES FOR INDIGENT PERSONS	4,694 00	0
PURCHASE OF SPECIAL CAMERA FOR SCREENING CHILDREN FOR EYE PROBLEMS	2,500.00	
	<u>7,194.00</u>	<u>0</u>

LINE 16 - OTHER EXPENSES

FIDELITY BOND/INSURANCE	735 44
DUES PAID TO LIONS DISTRICT AND INTERNATIONAL	4,729 76
OFFICE EXPENSES, SUPPLIES, AND TELEPHONE	1,319 86
MISCELLANEOUS	1,073 02
MEALS FOR CLUB MEETINGS AND EVENTS	24,955 68
POSTAGE/P.O BOX	96 80
	<u>32,910.56</u>

**DETAILS TO BALANCE SHEETS
PADUCAH LIONS CLUB
YEAR ENDED JUNE 30, 2015**

	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
LINE 26, TOTAL LIABILITIES		
DUE TO (FROM) TELETHON	0 00	400 00
	<u>0 00</u>	<u>400 00</u>