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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 black lung benefit trust or private foundation)

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must *!e Form 990. All other org: anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public

Inspection For the 2008 calendar year, or tax year beginning Jul . 2008, and ending Jun 30 2009 D Employer identification number C Name of organization Check is applicable Address change TICHIGAN LAKE LIONS INC 23-7024245 use IRS label or Name change Number and street (or PIO Dox, if mail is not delivered to street address) Room/suite E Telephone number print or type See Specific Instruc-tions. Inibal return 6710 BIG BEND ROAD (262) 706-3062 Termination City or town state or country and ZP + 4 Amended return Group Exemption WI 53185 WATERFORD Number Application pending X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Other (specify) 🟲 Check ► ☐ If the organization is **not** required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) X 501(c) (4) **◄** (nsert no) 527 Organization type (check only one) -4947(a)(1) or if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 103,647. instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 705. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts Membership dues and assessments 3 4,734. 4 Investment income 553. 5a Gross amount from sale of assets other than inventory 5 a 31,610. b Less' cost or other basis and sales expenses 5b 5 c c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 31,610. 6 Special events and activities (complete applicable parts of Schedule 3) If any amount is from gaming, check here ► [X] a Gross revenue (not including \$ 0. of contributions 47,092. reported on line 1) 6b 22,410. b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 65 from line 65) 6с 24,682. 7 a 7a Gross sales of inventory, less returns and allowances 7 b **b** Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe - See Other Revenue Statement 8 18,953. 9 Total revenue (add lines 1_2, 3, 4, 5c, 6c, 7c, and 8) 81,237. 10 Grants and similar amounts paid (attach schedule) 10 9,598. 11 Benefits paid to or for members Ō 11 Ô 12 Salaries, other compensation, and employee benefit 12 2010 300. 13 Professional fees and other payments to independents 13 14 Occupancy, rent, utilities and maintenance 14 22,153. 15 Printing, publications, postage, and shipping 15 320. 14,638. 16 Other expenses (describe > See Other Expenses Stateme 16 17 Total expenses (add lines 10 through 16) 17 47,009. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 34,228. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 458,064. Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 492,292. 21 Balance Sheets. If Total assets on line 25, column (B) are \$2 500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 28,064. 22 430,000. 23 62,292. 22 Cash, savings, and investments 430,000. 23 Land and buildings 24 Other assets (describe 0.,24 0. 458,064.25 292. 25 Total assets 492 26 Total liabilities (describe 0. 26 0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2008)

492,292.

458,064. 27

| Part III Statement of Proc | gram Se | rvice Accomplishment | s (See the instruction | ons.) | | Expenses |
|---|----------------------|--------------------------------|---------------------------|---------------------------------------|--------------------|--------------------------------|
| What is the organization's primary exempt pur | pose ⁷ IM | PROVE THEIR LOCAL | COMMUNITY | | | uired for 501(c)(3) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner. | | | | | | (4) organizations and |
| describe the services provided, the reprogram title. | number of | persons benefited, or other re | elevant information for e | each | | (a)(1) trusts; optional thers) |
| 28 VARIOUS CONTRIBUTION | ONG TO | PROMOTE THE LOCAL | | | 1.5.0 | <u> </u> |
| | 767 77 | _FROMOTE_THE_LOCAL | | | | |
| COMMUNITY | - | | ~ | | ľ | |
| | | | | | ľ | |
| (Grants \$ | 0.) If th | ns amount includes foreign gr | ants, check here | | 28 a | 9,598. |
| 29 | | | | | | |
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| | | | | | | |
| (Grants \$ |) If th | is amount includes foreign gr | ants, check here | | 29 a | |
| 30 | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| | | | | | | |
| (Grants \$ |) if th | is amount includes foreign gr | ants check here | | 30 a | |
| 31 Other program services (attach | | | and, once nor | | 000 | |
| (Grants \$ | | ns amount includes foreign gr | ants check here | ▶ □ | 31 a | |
| 32 Total program service expens | | | arra, arragin i ara | <u></u> ii | 32 | 9,598. |
| | | , Trustees, and Key Em | inlovees (List each o | ne even if not com | | |
| Tarry List of Officers, D | ii cctor3 | (b) Title and average hours | | (d) Contr butions | | (e) Expense account |
| (a) Name and address | | per week devoted | not paid, enter -0) | employee benefit plan | is and | and other allowances |
| | | to position | t | deferred compensa | tion | |
| KEN BEAUDRY | | | | | | |
| 6710 BIG BEND ROAD | | PRESIDENT | | | | |
| WATERFORD WIS | 3185 | 5.00 | 0. | | 0. | |
| JON BOWE | | _ | | | | |
| 6710 BIG BEND ROAD | | VICE PRESIDENT | | | | |
| | 3185 | 5.00 | 0. | | ٥.١ | |
| BEN VANDERSANDEM | .0100 | | | | <u> </u> | |
| 6710 BIG BEND ROAD | | VICE PRESIDENT | | | | |
| | 3185 | 5.00 | 0. | | ο. | |
| | 2707 | 5.00 | <u> </u> | | - 0 : | |
| TIM SZEKLINSKI | | | | | | |
| 6710 BIG BEND ROAD | | VICE PRESIDENT | | | _ | |
| | 3185 | 5.00 | 0. | <u> </u> | 0. | |
| TOM SCHUETZ | | | | 1 | i | |
| 6710 BIG BEND ROAD | | SECRETARY | | | | |
| WATERFORD WI5 | 3185 | 5.00 | 0. | | 0. | |
| DAVID BOWE | | ! | | | 1 | |
| 6710 BIG BEND ROAD | | TREASURER | | | | |
| WATERFORD WI5 | 3185 | 5.00 | 0. | | 0. | |
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Form 990-EZ (2008) TICHIGAN LAKE LIONS INC

23-7024245 Page 2

| | | | Yes | No |
|-----|--|---------|-------|---------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | 1 | | v |
| 34 | each activity Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 33 | | X |
| 35 | | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | x | , |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | Х |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | х |
| | a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 | -1 1 | | |
| | b Did the organization file Form 1120-POL for this year? | 37b | | <u> </u> |
| 38 | a Dic 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 unpaid at the start of the period covered by this return? | 38 a | | X |
| | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | 501(c)(7) organizations Enter | 1 | | |
| | a Initiation fees and capital contributions included on line 9 | | | |
| | b Gross receipts, included on line 9, for public use of club facilities . 39b' | | | |
| 40 | a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | | 1 | |
| | section 4911 ►, section 4912 ►, section 4955 ► | | | |
| | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L. Part I | 40 b | | х |
| | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | , | , |
| | d Enter amount of tax on line 40c reimbursed by the organization | . | | |
| , | 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 | 40 e | | <u>x</u> |
| 41 | eist the states with which a copy of this return is fred 🟲 | | | |
| | a The books are in case of ► TIM_SZEKLINSKI Loca = 3 at ► 29200 N_LAKE_DRIVE WATERFORD WI ZIP - 4 ► 53185 b At any time curing the calendar year, did the organization have an interest in or a signature or other authority over a | -113 | | No |
| | 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 | 42b | | <u>x</u> |
| • | See the instructions for exceptions and firing requirements for Form TD F 90-22 1, Report of a 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: | 42 c | | <u>x</u> |
| 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 | • | | |
| 44 | Did the organization maintain any conor advised funds? If 'Yes,' Form 990 must be completed instead | 44 | Yes | No. |
| 45 | of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes Form 990 must be completed instead of Form 990 EZ | 45 | | <u>x</u> x |
| BAA | | rm 990- | EZ (2 | |

Yes No

Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization operating 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? 49 a 49 b b If 'Yes,' was the related organization(s) a section 527 organization? Complete this table for the 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' (b) It is and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more that \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors receiving over \$100,000 Under penalties of perjury, I declare that a have examined this return, including accompanying scriedures and statements, and to the best of my knowledge and belief, it is true correct, and comparted Beglaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of price Here Do u lon Type or grint name and title Date Preparer's Identity ng Number (See instructions) Check if Preparer s **Paid** Ţ 12-11-09 PULL 37711 Pre-PREISLER & COMPANY, SC parer's Use Firm's name (or yours if self 39 - 1484312 yours it sent employed) address, and ZIP + 4____ 740 PILGRIM PARKWAY STE 104 Only WI 53122-2066 Prone no ► ELM GROVE

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

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public. Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number 23-7024245 TICHIGAN LAKE LIONS INC Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV. line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have 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. Form 990EZ tilers are not required to complete this table (v) Amount paid to (or retained by) fundraiser listed in (i) Name of individuat (iii) Did ;undraiser (vi) Amount paid to (ii) Activity (iv) Gross receipts (or retained by) organization or entity (fundraiser) have custody or control from activity col (i) of contributions? No Yes Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2008 TICHIGAN LAKE LIONS INC

administer charitable gaming?

23~7024245

Page 2

| Schedule G (Form 990 or 990-E2 |) 2008 TICHIGAN LAKE LIONS INC | 23-70242 | 45 | | age 3 |
|--|---|----------------------------------|----------|-------|-------|
| | | 1 1 | | YES | NO |
| 13 Indicate the percentage of | | 122 | | ; | • |
| b An outside facility | • | 13a 8 | - | | [|
| • | ess of the person who prepares the organization's gami | 1, 10, 11 | 7 | | |
| | | | | | ' |
| Name | | | | | |
| Address • / | | | | | |
| 15a Does the organization have | a contact with a third party from whom the organization | receives gaming revenue? | 15a | | |
| | f gaming revenue received by the organization \$ | | | | |
| | by the third party \$ | | | | |
| c If 'Yes,' enter name and ad | dress | | | | |
| | | | | | |
| Name | | | | | |
| Acdress - | | | | | |
| 16 Gaming manager information | on | | | | |
| Name ► | | | | | |
| Gaming manager compensa | ation ► \$ | | | | |
| Description of services prov | olded: - | | | | |
| Director/officer | Employee Incependent | contractor | ! | | · |
| 17 Mandatory distributions | | | | | |
| alls the organization required state gaming license? | under state law to make charitable distributions from th | e gaming proceeds to retain the | 17a | | |
| b Enter the amount of distribu | itions required under state law distributed to other exem | pt organizations or spent in the | | | |
| organization's own exempt | activities during the tax year 🕨 \$ | | <u> </u> | | : |
| AA | TEEA3703 07/18/08 | Schedule G (Form 99 | 0 or 99 | 0-EZ) | 2008 |

| TICHIGAN LAKE LIONS INC 23-7024245 | | 1 |
|--|--------------------------|---|
| Form 990-EZ, Part I, Line 8 Other Revenue Statement | | |
| Other revenue (describe) GROSS RENTS MISCELLANEOUS | <u>14,666.</u> 4,287. | |
| Total | 18,953. | |
| Form 990-EZ, Part I, Line 16 Other Expenses Statement | | |
| Other expenses (describe) | | |
| LICENSES | 472. | |
| CONFERENCES, CONVENTIONS, MEETINGS | 9,067. | |
| SUPPLIES | 1,510. | |
| SALES TAX | 2,736. | |
| MISCELLANEOUS | 853. | |
| Total | <u>14,638.</u> | |

Supporting Statement of:

Sch. G, page 2/Bingo Other Direct Exp.

| Description | Amount |
|-------------|--------|
| ADVERTISING | 1,132 |
| SUPPLIES | 1,590. |
| TAXES | 1,394. |

Form **8868**(Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

Form 8868 (Rev 4-2008)

Department of the Treasury

File a separate application for each return.

| internat Reve | enue Service | File a separate application for each rete | u//·· | | |
|--|---|--|--|---|----------------------------|
| If you | are filing for an Automatic 3- | Month Extension, complete only Part I and check this | s box | | ► X |
| • If you | are filing for an Additional (N | ot Automatic) 3-Month Extension, complete only Par | rt II (on page 2 of this t | form) | |
| Do not co | <i>mplete Part II unless</i> you hav | e already been granted an automatic 3-month extensi | ion on a previously file | ed Form 8868 | |
| Part I | Automatic 3-Month E | xtension of Time. Only submit original (no | copies needed). | | |
| | to - convert to the Form 000 | There are notine an outsmake 6 month outspring. | chack this have and car | malete Part Looky | ▶ □ |
| | | T and requesting an automatic 6-month extension — o | | | · |
| II other oncome ta | corporations (including 1120-0 ix returns | filers), partnerships, REMICS, and trusts must use F | orm 7004 to request a | an extension of time to . | riie |
| lectronic eturns no ne additio form 990 his form, | c Filing (e-file). Generally, you sted below (6 months for a coronal (not automatic) 3-month of Instead you must submit to visit www.irs.gov/efile.and.clii | can electronically file Form 8868 if you want a 3 mor poration required to file Form 990-T). However, you co extension or (2) you file Forms 990 BL, 6069, or 8870 he fully completed and signed page 2 (Part II) of Forn ck on e-file for Charities & Nonprofits. | ith automatic extensions annot file Form 8868 (a) group returns, or a con 8868. For more details | n of time to file one of electronically if (1) you omposite or consolidate ills on the electronic file | the want ed ng of |
| | Name of Exempt Organization | | | Employer identification num | nber |
| ype or print | | | | i | |
| | TICHIGAN LAKE L | | | 23-7024245 | |
| ile by the ue date for | | number If a PIO, box isselinstructions | | | |
| ng your sturn. See istructions | 6710 BIG BEND RO | DAD d ZIP code Fur a foreign address, see instructions | | | |
| 31100110113 | | d ZIP code if the a roterije address, see instructions | | TTT (2105 | |
| | WATERFORD | and the same of th | | WI 53185 | |
| Form | • | eparate application for each return) Form 990 T (corporation) | ☐ Form 472 | 20 | |
| | 990-BL | Form 990 T (section 401(a) or 408(a) trust) | Form 522 | | |
| and a | 990-EZ | Form 990-T (trust other than above) | Form 606 | | |
| | 990-PF | Form 1041 A | Form 887 | | |
| Teleph If the color life this check the ex I I require until The | organization does not have an is for a Group Return enter the this box If it is for potension will cover juest an automatic 3-month (6 Feb 16 20 10 extension is for the organization calendar year 20 or | FAX No office or place of business in the United States, checked organization's four digit Group Exemption Number (part of the group, check this box and altach a months for a corporation required to file Form 990-T) to file the exempt organization return for the organization's return for | ck this box (GEN) If list with the names and extension of time attion named above | nd EINs of all members | |
| 2 If the | s tax year is for less than 12 i | months, check reason Initial return F | finai return C | hange in accounting pe | eriod |
| nonr | efundable credits. See instruc | | | 3a \$ | 0. |
| b If the mad | s application is for Form 990- e. Include any prior year over | PF or 990-T, enter any refundable credits and estimat payment allowed as a credit | ted tax payments | 3ь \$ | 0. |
| aepo | nce Due. Subtract line 3b from sit with FTD coupon or, if requirestructions. | n line 3a. Include your payment with this form, or, if re uired, by using EFTPS (Electronic Federal Tax Payme | equired, ent System) | 3c \$ | 0. |
| | f you are going to make an ele | ectronic fund withdrawal with this Form 8868, see Fori | m 8453-EO and Form | 8879-EO for | |

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