



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form  
Return of Organization Exempt From Income TaxUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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.

OMB No 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

LIONS INTERNATIONAL - PILLAGER

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

PO BOX 236

Room/suite

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

PILLAGER

MN 56473

D Employer identification number

41-1596230

E Telephone number  
218-746-2100F Group Exemption  
Number 0239

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

I Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) ( 4 ) (insert no.) 4947(a)(1) or 527H 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 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 168,233

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	9
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	796
4	Investment income	4	37
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) (attach sch.)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	167,391
b	Less: direct expenses other than fundraising expenses	6b	169,683
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-2,292
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 ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-1,450
10	Grants and similar amounts paid (attach schedule)	10	
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	518
16	Other expenses (describe ▶ See Statement 2)	16	2,117
17	Total expenses. Add lines 10 through 16	17	2,635
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,085
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	19,671
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,586

## Part II 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
22 Cash, savings, and investments	20,163	15,298
23 Land and buildings		
24 Other assets (describe ▶ See Statement 3)	303	302
25 Total assets	20,466	15,600
26 Total liabilities (describe ▶ See Statement 4)	795	14
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,671	15,586

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

Form 990-EZ (2008)

DAA

SCANNED JAN 26 2010



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
34 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		<b>X</b>
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, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	<b>X</b>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instr.		
b Did the organization file Form 1120-POL for this year?		<b>X</b>
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 unpaid at the start of the period covered by this return?		<b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
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 ; section 4912 ; section 4955		
b Section 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		<b>X</b>
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		<b>X</b>
41 List the states with which a copy of this return is filed. <b>MN</b>		
42a The books are in care of <b>LYNN RICHARDSON</b> Telephone no. <b>218-746-3899</b> <b>PO BOX 236</b> Located at <b>PILLAGER, MN</b> ZIP + 4 <b>56473</b>		
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.		<b>X</b>
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:		<b>X</b>
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 <b>43</b>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
45 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		<b>X</b>

46 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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating 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(s) a section 527 organization?

50 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."

	Yes	No
46		
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
Mr. J. Edgar Hoover Federal Bureau of Investigation Washington, D.C. 20535	Director 40	\$145,000	\$1,000	\$1,000
Mr. W. A. Rorer Federal Bureau of Investigation Washington, D.C. 20535	Assistant Director 40	\$115,000	\$1,000	\$1,000
Mr. J. C. Mohr Federal Bureau of Investigation Washington, D.C. 20535	Deputy Assistant Director 40	\$105,000	\$1,000	\$1,000
Mr. E. A. Tamm Federal Bureau of Investigation Washington, D.C. 20535	Deputy Assistant Director 40	\$105,000	\$1,000	\$1,000
Mr. J. E. Casper Federal Bureau of Investigation Washington, D.C. 20535	Deputy Assistant Director 40	\$105,000	\$1,000	\$1,000

Total number of other employees paid over \$100,000 ..... ▶

51 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."

[illegible]

**Total number of other independent contractors each receiving over \$100,000** . . . . ▶

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.

Type or print name and title.

Date \_\_\_\_\_

Preparer's  
signature

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

Mayer, Porter, Beinhorn & Rowe, LTD  
PO Box 206  
Staples, MN 56479

Date \_\_\_\_\_

01/15/10

Check if  
self-  
employee

Preparer's Identifying Number (See instr )

P00090091

EIN ▶ 41-2014047

Phone  
no. ► **218-894-1399**

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

Form **990-EZ** (2008)

## Name of the organization

► **Attach to Form 990 or Form 990-EZ.** 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.

OMB No. 1545-0047

**Open To Public Inspection**

**Employer Identification number**  
**41-1596230**

**LIONS INTERNATIONAL - PILLAGER**

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2a** 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
<b>Total</b> .....						

**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.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		(event type)	(event type)	None (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				
	9	Net income summary. Combine lines 3 and 8 in column (d)				

**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	164,719		164,719	
	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses	168,874		168,874	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				168,874
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				-4,155

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a	X	
10a		X
11		X
12		X

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** 100.00 %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ **SHIRLEY SMITH****PO BOX 236**Address ▶ **PILLAGER****MN 56473****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****X****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:

Name ▶

Address ▶

**16** Gaming manager information:Name ▶ **SHIRLEY SMITH****PO BOX 236 PILLAGER MN 56473**Gaming manager compensation ▶ \$ **739**Description of services provided ▶ **GAMBLING MANAGER**☐ 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?**17a****X****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$



Others	<u>MINT AND PIN SALES</u>
	<u>ZONE MEETING</u>
	<u>CHRISTMAS FEST</u>
	<u>HALLOWEEN GAME</u>

## Federal Statements

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column B	\$
WALK FOR SIGHT SUPPLIES	<u>288</u>
SubTotal	288
Column C	
TUPPERWARE SUPPLIES	<u>396</u>
SubTotal	396
Column Others	
MINT AND PIN SALES MINTS COST	<u>125</u>
SubTotal	<u>125</u>
SubTotal (Others)	125
Total	<u><u>809</u></u>

Direct expenses other than fundraising expenses  
reported on Form 990-EZ, page 1, line 6b.

## Federal Statements

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBER DUES	\$ 796
Total	\$ 796

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
ANNUAL REGISTRATION	25
DUES	1,327
DONATIONS PAID	765
Total	\$ 2,117

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Inventories for Sale or Use	\$ 303	\$ 302
	303	302

**Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 254	\$ 14
Deferred Revenue	541	
	795	14

**Federal Statements****Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

THE LIONS CLUB PROVIDES HUMANITARIAN SERVICES IN THE  
PILLAGER COMMUNITY.

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments****Description**

THE LIONS CLUB IS ORGANIZED TO PERFORM HUMANITARIAN  
SERVICES, COMMUNITY ACTIVITIES, YOUTH EXCHANGE PROGRAM,  
AND MAKE THE COMMUNITY AWARE OF THE LIONS AND LIONS  
INTERNATIONAL PROJECTS. THIS WAS ACCOMPLISHED THROUGH  
THE MINT SALE AND HUNTERS DINNER FUNDRAISERS ALONG WITH  
THE SUPPORT OF OUR CHARITABLE GAMBLING.