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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 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 Inspection

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 ST. CHARLES

Number and street (or P O box, if mail is not delivered to street address) 3786 ARCADIA DR

Room/suite

City or town, state or country, and ZIP + 4 ST. CHARLES MO 63301

D Employer identification number 43-6063646

E Telephone number 314-477-1297

F 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

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 80,921

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments See Statement 1	3	2,981
	4	Investment income	4	1,839
	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 ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a 76,101		
	b	Less direct expenses other than fundraising expenses 6b 27,655		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	48,446
	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	53,266
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 2	10	23,587
	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	225
	14	Occupancy, rent, utilities, and maintenance	14	9,331
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3)	16	13,054
	17	**Total expenses.** Add lines 10 through 16 ▶	17	46,197
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,069
	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	217,229
	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	224,298

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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	11,334	22	20,403
23 Land and buildings	158,895	23	158,895
24 Other assets (describe ▶ See Statement 4)	47,000	24	45,000
25 Total assets	217,229	25	224,298
26 Total liabilities (describe ▶)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	217,229	27	224,298

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

CIVIC AND SOCIAL WELFARE

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 CONTRIBUTIONS TO VARIOUS CHARITIES, HOSPITALS AND SCHOOLS

(Grants $ 11,695) If this amount includes foreign grants, check here ▶ ☐ 28a 11,695

29 PROVIDE EYECARE ASSISTANCE TO NEEDY INDIVIDUALS

(Grants $ 11,892) If this amount includes foreign grants, check here ▶ ☐ 29a 11,892

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 23,587

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

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TONY LAY	ST. CHARLES	PRESIDENT			
3786 ARCADIA DR	MO 63301		0	0	0
GERRY SHATRO	ST. CHARLES	VICE PRES			
907 LINDENWOOD AVE	MO 63301		0	0	0
ART RAYMO	ST. PETERS	VICE PRES			
6 CAVE SPRINGS CT	MO 63376		0	0	0
TONY DAVIS	ST. PETERS	VICE PRES			
28 CARRIAGE WAY W	MO 63376		0	0	0
MARY SHORES	ST. PETERS	SECRETARY			
204 BRIAR VALLEY CT	MO 63304		0	0	0
ANGELA LAY	ST. CHARLES	TREASURER			
3786 ARCADIA DR	MO 63301		0	0	0
MARK HOLMES	ST. CHARLES	LION TAMER			
3063 ABBEY ST	MO 63301		0	0	0
BILL MEINHOLD	ST. CHARLES	TAIL TWISTER			
1150 WEDGEWOOD	MO 63303		0	0	0
CHUCK CALLIER	ST. CHARLES	PAST PRES			
2980 ELBE	MO 63301		0	0	0
BOB ROSEMAN	ST. PETERS	PAST PRES			
9 PALOMAR DR	MO 63376		0	0	0
TRUDY ROSEMAN	ST. PETERS	MEMBERSHIP			
9 PALOMAR DR	MO 63376		0	0	0
RICK NAULT	ST. PETERS	MEMBERSHIP			
443 LANTANA LANE	MO 63376		0	0	0
TRISH CALLIER	ST. CHARLES	DIRECTOR			
2980 ELBE	MO 63301		0	0	0
BILL MEINHOLD	ST. CHARLES	DIRECTOR			
1150 WEDGEWOOD	MO 63303		0	0	0
ROBERT WAGNER	ST. PETERS	DIRECTOR			
306 BIRDIE HILLS RD	MO 63376		0	0	0
WALLY PAYNE	ST. ANN	DIRECTOR			
11150 WE AVE, APT K	MO 63074		0	0	0

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	33		X
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	34		X
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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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	40b		X
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	40e		X

41 List the states with which a copy of this return is filed. ▶ None

42a The books are in care of ▶ ANGELA LAY Telephone no. ▶ 314-477-1297

Located at ▶ 3786 ARCADIA ST. CHARLES, MO ZIP + 4 ▶ 63301

			Yes	No
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.**	42b		X
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 ▶ _____	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 ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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	45		X

Part VI **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.

			Yes	No
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	46		
47	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		
49a	Did the organization make any transfers to an exempt non-chantable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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."

(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
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."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Signature of officer TONY LAY Date 3/11/10

Type or print name and title PRESIDENT

Paid Preparer's Use Only

Preparer's signature	Mary Kay Nall	Date 3/08/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.) P00747311
Firm's name (or yours if self-employed), address, and ZIP + 4	B & B Accounting & Tax Services, LLC 7605 NATURAL BRIDGE ROAD ST. LOUIS, MO 63121		EIN ▶ 26-0521417 Phone no ▶ 314-382-2702	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Form **990**

Special Events Schedule

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

2008

Name

LIONS INTERNATIONAL ST. CHARLES

Employer Identification Number

43-6063646

	(A)	(B)	(C)	Others	Total
Gross receipts	38,213	19,463	13,679	4,746	76,101
Less contributions	0	0	0	0	0
Gross revenue	38,213	19,463	13,679	4,746	76,101
Less direct expenses	22,798	0	3,224	1,633	27,655
Net income (loss)	15,415	19,463	10,455	3,113	48,446

Description

(A) OKTOBERFEST

(B) BINGO

(C) 2008 CAR SHOW

Others FARMERS MARKET
OTHER

Federal Statements

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

Description	Amount
MEMBERSHIP DUES	$ 2,981
Total	$ 2,981

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization		Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
	11,892					
	11,695					
Total	23,587					

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
BANK CHARGES/CHECKS	36
BRAILLE TRAIL MAINTENANCE	1,387
CONFERENCE	510
DUES PAYMENTS	3,691
MEMBER MEALS	5,319
MISCELLANEOUS	304
POSTAGE	186
SUPPLIES	1,621
Total	$ 13,054

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
U S TREASURY BILLS	$ 47,000	$ 45,000
	47,000	45,000