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Form **990-EZ**

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED JUL 2 2 2010

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 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 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

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Scottus Falls, SD 57105 605-359-5248 Rmy remainder ferum Special particle Section 591(c/s) organizations and 4947(a/f) nonexempt charitable trusts Section 591(c/s) organizations and 4947(a/f) nonexempt charitable trusts Can continue to the completed Schedule A (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a sequence to altase Schedule B (Form 990 or 990-EZ). H Check X of the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A feature is not required. N of the organization chooses to the a return, be sure to file a complete return. Add lines Sch. 6b, 6b, 6d, 7d Of the organization is not a complete organization chooses to file a return, be sure to file a complete return. Add lines Sch. 6b, 6d, 7d Of the organization o		Name		label or								ř				
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year 19 114, 701. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 30 (Intertagree with end of year 19 114, 701. 40 (Intertagree with end of year 19 114, 701. 41 (A) (B) End of year 114, 701. 22 138, 777. 42 (A) Beginning of year 19 (B) End of year 21 138, 777. 43 (B) End of year 21 138, 777. 44 (C) Beginning of year 19 (C) End of year 21 138, 777. 45 (C) End of year 21 (C) End o		17								<u> </u>	IINI G		. kot	17		
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Figure reported on prior year's return 19 114,701.	A				-			-					₽	+		
Tell 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 114,701. 22 138,777. 23 Land and buildings 24 Other assets (describe) 25 Total assets 114,701. 25 138,777. 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701. 27 138,777.	N S	פו	figure rep	s or tun orted or	na balance on prior ve	es at beginn ar's return)	ling of year	r (trom line .	27, column (A	.)) (m ust-a	gree w		ye ar—			114 701
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 Cash, savings, and investments (A) Beginning of year (B) End of year	ŤĘ	20					alances (a	ttach explar	nation)		ועטי	CIV, U		+ +		114,701.
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 114,701. 22 138,777. 23 Land and buildings 23 24 Other assets (describe ►	Ś	1											<u> </u>			138 777
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year 114, 701. 22 138, 777. (B) End of year 114, 701. 22 138, 777. 114, 701. 25 138, 777.	Pa									000 or mo	ra fila	Form 900			Form 900	
22 Cash, savings, and investments 114,701. 22 138,777. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 114,701. 25 138,777. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701. 27 138,777.			Daiai	1100 31					b) are \$2,500	,000 01 1110						
23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 114,701. 25 138,777. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701. 27 138,777.	22	Ca	sh savinge	andir				41 \ 11 /			-\ <u>^</u> ,			$\overline{}$	(5) (1)	
24 Other assets (describe ►) 24 25 Total assets 114,701. 25 138,777. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701. 27 138,777.												117,	, UI.	-		
25 Total assets 114,701. 25 138,777. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701. 27 138,777.				•	he ►				1					 		
26 Total liabilities (describe ►) 0 . 26 0 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701 . 27 138,777 .				(acaci ib					_′			11/	701	-		139 777
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 114,701. 27 138,777.				c (deco	cribe >				\		<u> </u>	114,		+		
						line 27 of co	olumn (R)	must agree	/ with line 21\		 	111				
										or Form 90		+17,	, , , .	-/		

TEEA0803L 09/18/08

	2008) SIOUX FALLS DOW				-601	1178 Page 2
	tatement of Program Se		(See the instruction	ons.)		Expenses
What is the organization Describe what we describe the se program title.	ation's primary exempt purpose? <u>Se</u> was achieved in carrying out the rvices provided, the number of	e Statement 3 ne organization's exempt purp f persons benefited, or other	poses. In a clear and corelevant information for	each	and 1 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional thers)
28 Provid	led eye exams & eye re referred by vari					
(Grants \$		nis amount includes foreign gi	rants, check here		28 a	42,372.
29 Lions	Clubs International	L Foundation				
 (Grants \$	\\ If the second content of the second	nis amount includes foreign gi	rants check here		29 a	10,000.
30 Funds	donated to various	organizations in s	support of visu		200	20,000.
organi	ed persons and othe zations or in repor	ise to public need				
(Grants \$		nis amount includes foreign gi	rants, check here	<u>▶</u>	30 a	11,479.
(Grants \$		nis amount includes foreign gi	rants, check here	▶ 🗍	31 a	
	gram service expenses (add li		-1		32	63,851.
	ist of Officers, Directors Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plai deferred compensa	to ns and	(e) Expense account
See Statem	 nent 4		0.		0.	0.
		1				

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			Ī
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				
	attach a statement explaining your reason for not reporting the income on Form 990-T		ļ	
	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		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N .	36		x
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a 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?	38 a	-	Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	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 8.501(x)(2) assessment as the assessment of the assessment as the assessment of the			
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under- section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A			
	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 ь		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			
1	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			
	List the states with which a copy of this return is filed None	40 e		Х
12	a The books are in care of ► Lori Seten Telephone no ► 605-3	71_2	E 0 N	
42	a The books are in care of ► Lori Seten Telephone no ► 605-3° Located at ► 2708 South Avondale Sioux Falls, SD ZIP + 4 ► 57110	<u>/ 1 – 3.</u>	360	
		-		
	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	1 1		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	1	-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44				v
AE.	of Form 990-EZ	44		X
45	Form 990 must be completed instead of Form 990-EZ	45	L	Х
3A.4	TEEA0812L 01/14/09 For	m 990	-EZ (2008)

Form 990-EZ (2008) SIOUX FALLS DOWNTOW Part VI Section 501(c)(3) organization:		E01(a)(2) ava		46-6011		P	age 4
Part VI Section 501(c)(3) organization and complete the tables for line	es 50 and 51.	501(c)(3) org	anizations musi	answer qu	estions	46-4	9
Did the organization engage in direct or indirect for public office? If 'Yes,' complete Schedule (47) Did the organization engage in lobbying activity 48 Is the organization operating a school as descended as Did the organization make any transfers to an	iles? If 'Yes,' complete ribed in section 170(b)(Schedule C, Pai (1)(A)(ii)? If 'Yes	t II s,' complete Schedu		46 47 48 49a	Yes	No
 b If 'Yes,' was the related organization(s) a sect 50 Complete this table for the five highest compereceived more than \$100,000 of compensation 	ion 527 organization?	er than officers	directors trustees :	and key emplo	49b	o eac	—— ——
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	·	ans and	(e) Exp accour other allo	nt and	
Total number of other employees paid over \$100,000 51 Complete this table for the five highest compe from the organization. If there is none, enter 't	nsated independent con None '	ntractors who ea	ich received more ti	nan \$100,000	of compe	nsatio	
(a) Name and address of each independent control	ractor paid more than \$100,000		(b) Type of ser	vice	(c) Comp	ensation	
Total number of other independent contractors recei	ving 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 16/19/10 Sign Here Signature Type or print name and title Preparer's Identifying Number (See instructions) Check if self employed Preparer's signature **Paid** P00506490 Pre-Nelson & Nelson, CPAs, Firm's name (or yours if self-employed), address, and ZIP + 4 parer's Use 1517 S. Minnesota Avenue 46-0376568 EIN Only Sioux Falls, SD 57105-1717 (605) 336-1988 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No BAA Form **990-EZ** (2008)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Name of the organization			-		Employer identifica	ation number
SIOUX FALLS DOWNTOWN LION	IS CLUB				46-601117	8
Part I Fundraising Activities.		the orga	nızatıon	answered 'Yes' to	Form 990, Part IV.	Ine 17.
1 Indicate whether the organization						
Mail solicitations				_ `	government grants	
Email solicitations				Solicitation of gove	ernment grants	
Phone solicitations				Special fundraising	=	
In-person solicitations						
— ·		سم طالبین اسم		ol (maluduma afficació d	urantara trumbana ar kau	
2a Did the organization have written of employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	professional fundraising	services?	Yes No
b If 'Yes,' list the ten highest paid in	dividuals or en	tities (func	draisers) p	oursuant to agreements	under which the fundra	iser is to be
compensated at least \$5,000 by the	e organization	Form 990	EZ filers	are not required to com	<u> </u>	
(i) Name of individual	(ii) Activity	(m) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) / iot/tity	have custor	dy or control	from activity	fundraiser listed in	(or retained by)
		 	ibutions?		col (ı)	organization
		Yes	No			
		İ				
		ļ				
		1				
		 				
			ĺ			

		<u> </u>				
		<u> </u>				
			1			
	l <u> </u>]			
Total			>	<u> </u>	<u> </u>	
3 List all states in which the organiz	ation is registei	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration
or licensing						
		- -				
				<i> </i>		

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II aross receipts area	ne 18, or ater than	\$5.00	00.
			(a) Event #1 Pankcake Day (event type)	(b) Event #2	(c) Other Events	(d) Tota (Add col	al Ever	nts
REVENUE	1	Gross receipts	136,010.	(event type)	(total number)	1	36,0	010.
Ē	2	Less: Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	136,010.			1	36,0	010.
	4	Cash prizes						
D-RECT	5	Non-cash prizes			 			
	6	Rent/facility costs .						
EXPENSES	7	Other direct expenses	64,303.				64,3	303.
Š	8 9	Direct expense summary. Add lines 4- tl Net income summary. Combine lines 3 a			>		64,3 71,7	303 <u>.</u> 707.
Par			ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported mo		
REVERUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col. col	l gamı (a) thr (c))	ng ough
Ü E	1	Gross revenue						
	2	Cash prizes						
DIPE NECT S	3	Non-cash prizes						
C S T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes% No			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•			_
	8	Net gaming income summary. Combine I	ines 1 and 7 in column	(d)			1	
9	Ente	er the state(s) in which the organization op	perates gaming activitie	es			YES	NO
		ne organization licensed to operate gamino lo,' Explain.	g activities in each of th	nese states?	•	9a		
J		о, схран. 						
		e any of the organization's gaming license (es,' Explain.	es revoked, suspended	or terminated during the	e tax year?	10a		
		s the organization operate gaming activities				11		
12	ls th adm	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed t	0 12		

Schedule G. (Form 990 or 990-EZ) 2008 SIOUX FALLS DOWNTOWN LIONS CLUB	46-6011178	Р	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	- %		
b An outside facility	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events boo	ks and records.		
Name· ►			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revo	enue? 15	a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and			
of gaming revenue retained by the third party \$		1	
c If 'Yes,' enter name and address:			
		ł	
Name: >			
Address· -			
16 Gaming manager information			
10 Gaming manager mormation			
Name: ►			
Gaming manager compensation > \$			
Description of services provided			
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 state gaming license?	retain the	a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or sp	pent in the		
organization's own exempt activities during the tax year: ▶ \$			
RAA TEEA27021 07/19/09 School	lula G /Form 990 or	200 EZ	2000

2008	Federal Statements		Page 1
Client LIONS SIOU	X FALLS DOWNTOWN LIONS CLUB		46-6011178
3/08/10 Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			10:41AM
Donee's Name: Donee's Address: Cash Amount Given:	Eye exams and eyeglasses for visually impaired	\$	18,160.
Donee's Name: Cash Amount Given:	LCIF/CSFII	\$	10,000.
Donee's Name: Cash Amount Given:	SD Eye Bank	\$	10,000.
Donee's Name: Cash Amount Given:	Lions Sight and Service Foundation	\$	8,000.
Donee's Name: Cash Amount Given:	Boy Scouts LFL	\$	250.
Donee's Name: Cash Amount Given:	McCrossan Boys Ranch Project	\$	962.
Donee's Name: Cash Amount Given:	Salsa Youth	\$	3,936.
Donee's Name: Cash Amount Given:	Salsa Speaker Gifts	\$	550.
Donee's Name: Cash Amount Given:	Youth Exchange International Relation	ns \$	6,993.
Donee's Name: Cash Amount Given:	SD Lions Foundation	\$	5,000.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Awards and Recognitions Expense Flowers and Gifts International Dues Meals Expense Member Reimburse - conventions Miscellaneous Expense Multiple Dist and State Dues Presidental Discretion Public RElations Scrapbook Supplies Washington High School Choir		\$	149. 458. 6,695. 29,372. 3,541. 1,110. 2,503. 1,164. 2,658. 151. 373. 100.
	Tota	1 \$	48,274.

2008	Federal Statements	Page 2
Client LIONS	SIOUX FALLS DOWNTOWN LIONS CLUB	46-6011178

10:41AM

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

3/08/10

Blind Prevention and support for visually impaired

Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Thomas White	1st Vice-Pres s	\$ 0.	\$ 0.	\$ 0.
,				
Thomas Grimmond 200 N Phillips Ave Sioux Falls, SD 57104	Directory Ed. 0	0.	0.	0.
MJ Knobe	3rd Vice Pres	0.	0.	0.
,				
Ed Hines	Lion Tamer 0	0.	0.	0.
•				
Patricia Riepel 425 N Dakota Ave Sioux Falls, SD 57104	Imm. Past Pres. 0	0.	0.	0.
Ray Schley	Membership 0	0.	0.	0.
,				
Tom Haber	Tail Twister 0	0.	0.	0.
,				
Jason Erickson	Tail Twister 0	0.	0.	0.
,				
Rev. Ballard Blount	Chaplain 0	0.	0.	0.
,				
Max Reinecke	Tail Twister 0	0.	0.	0.

2008	Federal Statements	Page 3
Client LIONS	SIOUX FALLS DOWNTOWN LIONS CLUB	46-6011178
3/08/10	-	10:41AN
Statement 4 (continued Form 990-EZ, Part IV	a)	
List of Officers, Directo	ors, Trustees, and Key Employees	
List of Officers, Directo	Title and Average Hours Compen- h	Contri- Expense oution to Account/ EBP & DC Other

Name and Address	Per Week Devoted	sation	EBP & DC	Other
Paul Curtin	Board Member 0	\$ 0.	\$ 0.	\$ 0.
,				
Stephanie Weber	Board Member	0.	0.	0.
,	v			
Sunshine Cady	Board Member 0	0.	0.	0.
•				
Lisa Geis	Board Member 0	0.	0.	0.
,				
Christopher Dunham 3801 S Western Ave Sioux Falls, SD 57105	President 0	0.	0.	0.
Allen Eide	Bulletin 0	0.	0.	0.
•				
Toby Fladmark	Bulletin O	0.	0.	0.
,				
Amy E. Scott-Stoltz	Treasurer 0	0.	0.	0.
•	·			
Marie McKittrick	Treasurer 0	0.	0.	0.
•	·			
Scott Blount 6209 S. Venita Cr. Sioux Falls, SD 57108	Director 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.