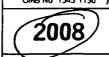


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Form **990-EZ** 

## **Short Form** Return of Organization Exempt From Income Tax



Open to Public

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

Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements 2009 For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending Employer identification number Check if applicable Please uso IRS label or Address change 71-6058281 International Association of Lions Name chance #3777 Searcy Lions Club Telephone number Initial return P. O. Box 784 ypo 501-279-2789 Searcy, AR 72145-0784 Termination Specific Amended return Group Exemption ► 0239 Number Application pending X Cash Accounting method Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check ► X if the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) X 501(c) ( 4 ) (insert no.) Organization type (check only one) -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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 > \$ 30.461

Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instri	uctions	s for Part I )
	<del>``</del>	Contributions, gifts, grants, and similar amounts received	1	1,051
	2	Program service revenue including governmentalities and solutions and solutions are serviced by the solution of the solution o	2	
	3	Membership dues and assessments RECEIVED	3	16,211.
	4	Investment income	4	168.
	5a	Gross amount from sale of assets other than The toly 9 2013		
Ŗ	c	Cain or (loss) from sale of assets other than inventory (Subtret Historian (att sch)	5c	
EV	6	Special events and activities (complete applicable parts of Sci@@Dinby amount is from gaming, check here		
E NU	а	Gross revenue (not including \$ of contributions		
Ĕ		reported on line 1)		
	ь	Less: direct expenses other than fundraising expenses 6b 548.	1 1	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12,483.
	7a	Gross sales of inventory, less returns and allowances ECEIVED 76  Less: cost of goods sold		
	b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Suptract line 7b from line 7a)	7 c	
	8		8	
	9	Other revenue (describe Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c 2rd 8)  Grants and similar amounts paid (attach schedule)  See Statement 1	9	29, 913.
	10	Grants and similar amounts paid (attach schedule) See Statement 1	10	6,404.
_	1)	Benefits paid to or for members	11	
E X	12	Salaries, other compensation, and employee benefits	12	
E	13	Professional fees and other payments to independent contractors .	13	
X P W Z M W	14	Occupancy, rent, utilities, and maintenance	14	
E	15	Printing, publications, postage, and shipping	15	
۱	16	Other expenses (describe - See Statement 2	16	27,469.
	17	Total expenses (add lines 10 through 16)	17	33,873.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,960.
A S S E T	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	23,006.
ŦĘ	20	Other changes in net assets or fund balances (attach explanation)	20	23,000.
Š	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	19,046.
员	<del>~</del>  1			

Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-E (See the instructions for Part II) (A) Beginning of year (B) End of year 23,006. 19,046. 22 Cash, savings, and investments 23 23 Land and buildings . 24 Other assets (describe > 24 25 Total assets 23,006. 25 19,046. Total liabilities (describe 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 23,006. 27 19,046.

TEEA0803L 09/18/08

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

Form 990-EZ (2008)

Forn	<u> 990-EZ(2008) International A</u>	ssociation of Lion	S	71	-6 <u>05</u>	8281 Page 2
Pai	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
Desc	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the ribe the services 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	ncise manner, each	and (	ured for 501(c)(3) 4) organizations and a)(1) trusts, optional
	This is the total expense for the needy in our comm				107 01	ners)
	assisted in this program. (Grants \$ ) If It	nis amount includes foreign gi	rants, check here	·	28 a	27,469.
29						
	(Grants \$ ) If the	nis amount includes foreign of	rants, check here		29 a	
30						
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here.		30 a	
31	Other program services (attach schedule			. ▶□	31 a	
32	Total program service expenses (add li	nes 28a through 31a)			32	27,469.
Pai	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	ns and Ition	(e) Expense account and other allowances
Re	d Simmons	President 0	0.		0.	0.
	arcy, AR 72143				0.	0.
	/la_Osborne	Vice President 0	0.		ا."	0.
	arcy, AR 72143	Connettant	0.		0.	0.
	Simpson	Secretary 0	0.		٠.	0.
	arcy, AR 72143 n Rightmire	Treasurer	0.		0.	0.
	arcy, AR 72143					
	ry Thompson	Lion Tamer	0.		0.	0.
	arcy, AR 72143	Tail Twister	0.		0.	0.
	lly Roberts	0				<b>v</b> .
Sea	arcy, AR 72143					<del> </del>
						···
						<u> </u>
		1				
		1				
					<del></del> -	
BAA		TEC 0.00121 /	1	<u></u>		Form 990-F7 (2008)

Га	N V Other Information (Note the Statement requirement in General Instruction V.)			
			Yes	No
22	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	ł		
33	each activity	33		Х
24	the state of the s	34	_	X
34	were any changes made to the organizing or governing documents but not reported to the riks; if it is, attach a contorned copy of the changes.	<del>-3**</del> -	-	_^
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,	1		
	attach a statement explaining your reason for not reporting the income on Form 990-T			
_	Did the control of th			
ě	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		Х
		35 b		<del></del> -
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	330		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
37 a	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?	376		X
	,			
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			v
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
ŀ	b If 'Yes,' complete Schedule L. Part II and enter the total			
`	amount involved			
39	501(c)(7) organizations Enter			
	1 1			
		1		
	b Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		
40 a	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	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?	ا ا		
	Îf 'Yes,' complete Schedule L, Part I	40 ь		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 .	]		
		1		
€	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40.0		x
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	e All organizations. At any time during the lax 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
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u>x</u>
41	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  None  None		-278	
41	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed > None  Telephone no > (501)		-278	
41	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  None  None		-278	
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed > None  Telephone no > (501)  Located at > 112 Shawn Terrace Searcy AR  ZIP + 4 > 72143			9
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed > None  Telephone no > (501)  Located at > 112 Shawn Terrace Searcy AR ZIP + 4 > 72143  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	279	-278 	9 
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed > None  Telephone no > (501)  Located at > 112 Shawn Terrace Searcy AR  DATE 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)?			9
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41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed > None  Telephone no > (501)  Located at > 112 Shawn Terrace Searcy AR  DATE 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)?	279		9 
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41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed > None  Telephone no > (501)  Located at > 112 Shawn Terrace Searcy AR  DATE 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)?	279		9 
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41 42 a	List the states with which a copy of this return is filed ► None  Telephone no ► (501)  Localed at ► 112 Shawn Terrace Searcy AR  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 a Foreign Bank and Financial Accounts	279 		89
41 42 a	See the instructions for exceptions and filing 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.?	279		9 
41 42 a	List the states with which a copy of this return is filed ► None  Telephone no ► (501)  Localed at ► 112 Shawn Terrace Searcy AR  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 a Foreign Bank and Financial Accounts	279 		89
41 42 a	See the instructions for exceptions and filing 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.?	279 		89
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41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed > None  a The books are in care of > Dan Rightmire	279 		No X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled > None  a The books are in care of > Dan Rightmire	279 		No X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed > None  a The books are in care of > Dan Rightmire	279 		No X
41 42 2	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed  None  Telephone no (501) Located at 112 Shawn Terrace Searcy AR 2IP+4 72143  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 a Foreign Bank and Financial Accounts or 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  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	279 	Yes	No X  N/A N/A
41	shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filled  None  Telephone no  (501)  Localed at  112 Shawn Terrace Searcy AR  ZIP+4  72143  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 a Foreign Bank and Financial Accounts and the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country  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  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead	279 42b 42c	Yes	No X  N/A N/A
41 42 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed > None  a The books are in care of > Dan Rightmire	279 	Yes	No X  N/A N/A
41 42 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed > None  Telephone no > (501) Localed at > 112 Shawn Terrace Searcy AR  List the books are in care of > Dan Rightmire  Localed at > 112 Shawn Terrace Searcy AR  Lip + 4 > 72143  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 a Foreign Bank and Financial Accounts or 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  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  Did the organization maintain any donor advised lunds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	279 42b 42c	Yes	No X  N/A N/A No X
41 42 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > None  a The books are in care of > Dan Rightmire	279 42b 42c	Yes	No X  N/A N/A No X

Form 990	EZ (2008) International Assoc			71-6058			age 4
Part VI	Section 501(c)(3) organizations and complete the tables for line	s only. All section 5 es 50 and 51.	501(c)(3) organ	izations must answer qu	iestions	46-4 —–	.9
46 Did t	the organization engage in direct or indirect obtained by the organization engage in direct or indirect or indirec	ct political campaign ac	tivities on behalf o	of or in opposition to candidate	es 46	Yes	No
					47		<del></del>
	the organization engage in lobbying activit	• •			48		
	e organization operating a school as desc	, , ,		•	<u> </u>		<del></del>
	he organization make any transfers to an		related organization	on, .	49a		
D IT YE	es, was the related organization(s) a sect	ion 527 organization?		• • •	496		
50 Com	plete this table for the five highest compe ived more than \$100,000 of compensation	nsated employees (other from the organization	If there is none, e	nter 'None.'	loyees) wh	no ead	:h
(=)	) 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 and deferred compensation	(e) Exp accour other alic	it and	5
					<u></u>		
		<u></u>					
Total number	of other employees paid over \$100,000						
51 Com	plete this table for the five highest compe the organization. If there is none, enter 'f (a) Name and address of each independent contri	None.'	mactors who each	(b) Type of service	(c) Comp		
	· · · · · · · · · · · · · · · · · · ·	<del></del>					
				1			
				<del></del>			
Total numb	ber of other independent contractors recei	ving over \$100,000	•				
Sign	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (continued)			reparer has any knowledge	-	iel, il is	
Here	2 Signature of officer  Type or print name and title	TREMENTE		Date			
			Date/	Check if Prep	arer's Identify	ring Nur	mber
Paid Pre-	Preparer's signature	CAH	1/3//2	2 sell- employed ► N/			
parer's	Firm's name of Hamilton, Cherry	Spradlin & C	o., LTD!				
Use	emptoyeo 405 Worth Spring		ox 310	EIN ► N	/A		
Only	address, and ZiP+4 Searcy, AR 72145	5-0310		Phone no ► (501)	268-5	353	
May the IR	S discuss this return with the preparer sh	own above? See instru	ctions		X Yes Form 990		<b>No</b> 2008)

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public

Inspection

Department of the Treasury internal Revenue Service Name of the organization

Employer identification number

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  1
2  ☐ A school described in section 170(b)(1)(A)(ii). (Attach Scnedule E) 3  ☐ A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  5  ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6  ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7  ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8  ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9  ☐ An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10  ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a  ☐ Type I b  ☐ Type II c  ☐ Type III—Functionally integrated d  ☐ Type III—Non-functionally integrated elemental part or section 509(a)(2). See section 509(a)(2)  f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization. check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
<ul> <li>A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)</li> <li>An organization that normally receives. (1) more than 33¹/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)</li> <li>An organization organized and operated exclusively to test for public safety See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h</li> <li>By checking this box, I certify that the organization is not controlled directly or indirectly py one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described</li></ul>
<ul> <li>4</li></ul>
hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a  Type I b  Type II c  Type III—Functionally integrated d  Type III—Non-functionally integrated  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
section 170(b)(1)(A)(iv). (Complete Part II)  6
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
<ul> <li>An organization that normally receives. (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</li></ul>
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a
<ul> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h</li></ul>
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a
<ul> <li>a  Type I b  Type III c  Type III-Functionally integrated d  Type III-Non-functionally integrated</li> <li>e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1 or section 509(a)(2)</li> <li>f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</li> <li>g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</li> </ul>
<ul> <li>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1 or section 509(a)(2)</li> <li>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</li> <li>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</li> </ul>
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1 or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
or section 509(a)(2)  f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
· ·
(iii) below the appropriate back of the supported argonization of
(III) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization(s)
(i) Name of supported organization organization (ii) EIN (iii) Type of organization (iv) Is the organization organization (v) Did you notify the organization in col (i) Isted in your above or IRC section (see instructions)) (v) Did you notify the organization in col organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization (v) Did you notify the organization organization organization (v) Did you notify the organization organization organization (vi) Isted in your the organization organization organization (vi) Isted in your the organization organization organization (vi) Isted in your the organization organization organization organization (vi) Isted in your the organization organiza
Yes No Yes No Yes No
(A)
(B)
(C)
(D)
(D) (E)

supported organization

18

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Private foundation. If the organization did not check a pox on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 Calendar year (or fiscal year beginning in) ▶ **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts. grants, contributions membership fees received (Do not include any "unusual grants") . ievied 2 revenues the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by (other person than unit governmental or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		<u> </u>	, p.o	inploto i di ti	··,	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	<del>- `</del>	1,7====	(5)	3-/ = - · · ·	(-/	(7
	received (Do not include any "unusual grants")				15980 00	1	15980 00
2	Gross receipts from admissions merchandise		<del></del>		10000 001		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .	1	1		53625.72	j	53625.72
3	Gross receipts from activities that are not an	<del></del>	<del></del>		00020.72		00025.72
	unrelated trade or business under section 513					-	
4	Tax revenues levied for the				Ì		
	organization's benefit and either paid	į				į.	
	to or expended on its behalf		j				
5	The value of services or facilities						
	furnished by a governmental unit to the		Ì		1	1	
	organization without charge.					Ì	
6	Total. Add lines 1 through 5 .				69605.72		69605.72
7a							
	received from disqualified persons .						
þ	Amounts included on lines 2 and 3				1		
	received from other than disqualified				[		
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year		<u> </u>		53625.72		53625.72
	Add lines 7a and 7b						53625 72
8	Public support (Subtract line 7c from	[1] 美国工艺术					
	line 6.)	15 125 X	لَّهُ الْمُ	57.77.18.34	温電・・・・・	<u> </u>	15980.00
	on B. Total Support			<del></del>	· · · · · · · · · · · · · · · · · · ·	·	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6 .			<u> </u>			
10a	· · · · · · · · · · · · · · · · · · ·						
	payments received on securities loans rents, royalties and income from similar sources						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses				1		
	acquired after June 30, 1975				ļ		
_	•		ļ		<del>                                     </del>	<del></del>	
	Add lines 10a and 10b  Net income from unrelated business		<del> </del>				
11	activities not included in line 10b, whether				l i		
	or not the business is regularly carried on						
12	Other income. Do not include gain or	<b> </b>	<del> </del> -	<u> </u>	<del>                                     </del>		
	loss from the sale of capital assets					1	
	(Explain in Part IV.)					ŀ	
13	Total support. (Add lines 9, 10c, 11,		<del> </del>	<u> </u>	<del> </del>	<del></del>	
	and 12.)				69605.72		69605.72
14	First five years. If the Form 990 is for t	he organizatio	n's first, secon	d. third. fourth		ar as a section	
	organization, check this box and stop he				., ,		▶ ☑
Secti	on C. Computation of Public Suppo		ne .		· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2012 (line			13, column (f))		15	23 %
16	Public support percentage from 2011 Sc		-			16	23 %
Sect	ion D. Computation of Investment Ir						
17	Investment income percentage for 2012			y line 13, colu	mn (f))	17	%
18	investment income percentage from 201	1 Schedule A,	Part III, line 17			18	%
19a					nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here	e. The organizat	ion qualifies as	a publicly suppo	orted organization	on 🕨 📋
þ	331/3% support tests - 2011. If the organi						
	line 18 is not more than 331,3%, check this	box and stop	<b>here.</b> The organ	uzation qualifies	s as a publiciy si	upported organi	zation 🕨 🔲
20	Private foundation, If the organization of	fid not check a	hox on line 14	19a or 19b	check this box	and see instruc	ctions 🕨 🗖

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)	
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FEHAL FR. 990 FLEY & STARE

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MBPO	Budaet	Summary	ľ

- -07/01/2011-

6/30/2012

Event/ Category	Gross income	Baiance	Expenses	Net income	Budgeted amount	Budget Variance
Baiance 2010-201	1	\$ (3 928 7	5)			
Fall Member Incide	ental Fees			8 - 1		I
Car Wasn	S 1 007 00	Ī		\$ 100700	\$ 750 00	257
Cnicken Barbeque	S 2 686 06		ES (1.473.00)	S 1 213 06	\$ 1,200.00	S 13 06
Concessions	\$ 70.367 00	1	\$ <(40_351.73)}	5 30 015 73 1	\$ 20 000 00	\$ 10 015 73
Donations	\$ 25 00				IS -	18 25 00
Fair Parking	\$ 1,500,00	Ţ	(39.80)	S 1 460 20	S 1 500.00	(39.80)
Fall Sale	\$ 5 300 55	Ī	-S(4-369-63)	S 930 92	\$ 250000	'S- (1,569·08)
Misc income	£ 1 430 00			\$ 143000		\$ 1 430 00
Music in Motion	\$ 630200		.5 -: (3:904:23)	\$ 239777	S 3 000 00	18 - (602:23)
Panther Palooza	S 2 065 77	İ	2S -(1,497500)		\$ 750 00	\$ (750'00)
Reverse Raffle	\$ 864575	1	[S:=:(7,183:74)]	S 1 462 04	\$ 250000	SE-(17037-96)
Rib Off Parking	\$ 3.000 00	1	\$ = { / ft(23:88)	\$ 2.976 12	\$ 2 500 00	\$ 476 12
Lock in		İ	S -	S -	S -	<b> </b> \$ -
Wendy's	\$ 1 493 3€			S 617 92	\$ 1 200 00	\$ : (668,74)
	\$103 822 49	\$ (3 928 7	5) \$ 58 842 52	\$ 44 240 97	\$ 35 900.00	\$ 8 340 97
Band rielp	1.	1	-\$:(1:500:00)	[-\$ - (1:500-00)]	\$ 1.500 00	IS -
Banquet		1	(541-50)	₹\$17. = (541 <del>-5</del> 0)	\$ 1 100 00	\$ 558.50
Contest Fees		T	.\$* /(3.230:00)	\$ =(3,230,00)	S 1 600 00	\$ (1,630.00)
Director's Fund			5\$5 J(437.84)	4\$ (437.84)	\$ 500 00	S 62 16
Fall Props			-\$* - (361.32)	£ (361,32)	\$ 800 00	\$ 438 68
Fall- Shane		Ī	-\$" (400°00)	(400:00)	\$ 200 00	(\$ T(200°00)
Fall Staff			\$5. (16,469:00)	\$ (46/469/00)	\$ 19 000 00	\$ 2,531 00
Fixed Costs		Ī	:\$_=(1 <sup>1</sup> 623:23)	₹\$\$°\$(1;623:23)	I S 500 00 I	S. (1,123,23)
Gateway Instructo	r 📗		#S; #260.00)	(960.00)	S 800 00 i	13 - (160-00)
Leadersnip Trainir	ng		IS - I	\$ -	S - I	٤ -
Legal Advise	1	1	·\$ (4.450 00)	-S.~~(4,450 00)	\$ 150000	3- (2,950:00)
Lessons with the F	Pros	1	5 -	\$ -	S -	
Misc Expense		Ī	[5 : (202 0.0)]	;\$% - \tau(202:00)	15 100 00	1\$'.x"(-1.02:00)
Senior Scholarship	o [		(500:00)	∂\$- ´ - (500±00)	S -	FS . (500 00)
Sunshine Fund		1		S -	\$ 200 00	\$ 200 00
			\$(73.92)	· \$ = ±(7.3.92)	\$ 100 00	\$ 26.08
Uniform Care				======================================		

MBPO winter groups supplement   \$ 7 000 00	S 7 000 00	\$ 700000;
Winter income student fees   \$ 14 550 00	\$ 14 550 00	
Winter Preview Show-Spaghetti dirl S 1 843 00   \$ 1 (467-00)	IS 1376 00	1 \$ 1 000 00
Winter Program- contest fees   1/5 (1 750 00)	1	
Winter Program- expenses   \$\ \( \( \frac{1}{5}, 214.00 \)		i
Winter Program- Staff [35 (15 495 00)]		Ī

Total Winter

Ξ

\$ (22,926:00)

\$ 22.926.00

Grano Total income
Grand Total Expenses
Baiance Carried forward from previous year
Projected difference

\$ 35 900 00 \$ 4 974 00 \$ (3 928 75) \$ 26 997 25

2008 ——————————————————————————————————	Federal Statements International Association of Lions #3777 Searcy Lions Club		Page 1
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid  Donee's Name: Cash Amount Given:	Various Charitable Organizations	\$	6,404.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  Business Expenses & Supplies Conferences & Conventions Dues Eye Exams & Glasses Meals & Meetings		\$ otal <u>\$</u>	427. 100. 3,539. 14,520. 8,883. 27,469.
Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Pur	rpose		