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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 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 10-01-2008 , and ending 09-30-2009

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
CIVITAN INTERNATIONAL
LENAWEE COUNTY CIVITAN 2034

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 844

City or town, state or country, and ZIP + 4
ADRIAN, MI 49221

D Employer identification number
23-7092776

E Telephone number
(517) 266-2228

F Group Exemption Number ▶ 0956

✱ ***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: ▶

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 ▶ $ 104,023

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	761
	2	Program service revenue including government fees and contracts		2	1,831
	3	Membership dues and assessments		3	8,702
	4	Investment income		4	16
	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 schedule)		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	92,713	
	b	Less direct expenses other than fundraising expenses	6b	61,514	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	31,199
	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	42,509
Expenses	10	Grants and similar amounts paid (attach schedule)		10	24,048
	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	757
	16	Other expenses (describe ▶)		16	14,757
	17	**Total expenses** (add lines 10 through 16) ▶		17	39,562
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,947
	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	16,037
	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	18,984

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	16,008	22	22,643
23	Land and buildings		23	
24	Other assets (describe ▶)	679	24	360
25	**Total assets**	16,687	25	23,003
26	**Total liabilities** (describe ▶)	650	26	4,019
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,037	27	18,984

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

What is the organization's primary exempt purpose?
PROVIDE AID TO HANDICAPPED

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 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**		
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**	30,107	

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
See Additional Data Table				

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		No
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		No
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 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		No
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*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		No
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?	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The books are in care of ▶ CAROLYN MARR Telephone no ▶ (734) 418-8870

Located at ▶ 148 N SCOTT STREET ADRIAN, MI ZIP + 4 ▶ 49221

			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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	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 ▶ ☐ 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		No
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		No

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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are 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
NONE				
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 are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

Please 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 — 2010-02-15 — Date

MEREDITH A MATTHEWS CO-TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's PTIN (See Gen Inst X)
MEREDITH A MATTHEWS	2010-02-15	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: DONNA BAKER & ASSOCIATES LLC, 102 E MAUMEE STREET, ADRIAN, MI 49221

EIN ▶

Phone no ▶ (517) 266-2228

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **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

2008

Open to Public Inspection

Name of the organization
CIVITAN INTERNATIONAL
LENAWEE COUNTY CIVITAN 2034

Employer identification number
23-7092776

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 activities? ☐ **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? Yes	No	**(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
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 RAFFLE (event type)	(b) Event #2 CRAFT SHOW (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	57,166	2,477	32,016	91,659
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	57,166	2,477	32,016	91,659
Direct Expenses	4 Cash Prizes	14,005			14,005
	5 Non-cash Prizes				
	6 Rent/Facility costs	3,189			3,189
	7 Other direct expenses	23,930	634	19,756	44,320
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				61,514
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				30,145

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			4,539	4,539
Direct Expenses	2 Cash prizes			3,485	3,485
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				3,485
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				1,054

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities MI			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 000 %	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			

Name ▶ MEREDITH A MATTHEWS

Address ▶ 102 E MAUMEE ST
ADRIAN, MI 49221

15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		

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 ▶ CAROLYN BRAUN

Gaming manager compensation ▶ $ _____

Description of services provided ▶ PREPARE RECORDS

☐ 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**		
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 ▶ $			

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: CIVITAN INTERNATIONAL
LENAWEE COUNTY CIVITAN 2034
EIN: 23-7092776
Software ID: 08000121
Software Version: 23.1.5.4

Item No.	1
Class of Activity	OPERATIONS
Donee's Name	
Donee's Address	431 BAKER ADRIAN, MI 49221
Amount (FMV)	24,048
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	24,048
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

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TY 2008 Other Expenses Schedule

Name: CIVITAN INTERNATIONAL
LENAWEE COUNTY CIVITAN 2034
EIN: 23-7092776
Software ID: 08000121
Software Version: 23.1.5.4

Description	Amount
DUES	5,730
CONVENTIONS & MEETINGS	2,485
STORAGE UNITS	300
LIABILITY INSURANCE	183
VALENTINE DANCE	333
YOUTH SEMINAR	1,000
FALL DANCE	251
CLERGY DAY	83
SPECIAL OLYMPICS	1,543
CAMP FOR HANDICAPPED	500
BASEBALL TEAM	350
CIRC	1,000
OTHER	999

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TY 2008 Other Liabilities Schedule

Name: CIVITAN INTERNATIONAL
LENAWEE COUNTY CIVITAN 2034
EIN: 23-7092776
Software ID: 08000121
Software Version: 23.1.5.4

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE		3,214
DEFERRED REVENUE	650	805

Additional Data

Software ID:
Software Version:
EIN: 23-7092776
Name: CIVITAN INTERNATIONAL
LENAWEE COUNTY CIVITAN 2034

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 HOPE OPERATING FUND (Grants $ 24,048) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	24,048
29 YOUTH SEMINAR-THE CLUB CONTRIBUTES 1/2 OF THE REGIS- TRATION FEE FOR 10-14 LOCAL YOUTH TO ATTEND A C (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	1,000
30 MICHIGAN DISTRICT & LOCAL SPECIAL OLYMPICS-THE CLUB SPONSORS LOCAL EVENTS THAT SERVE 100-200 MENTALLAND/OR PHYSICALLY HANDICAPPED INDIVID (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	1,543
OTHER PROGRAM SERVICES (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		3,516

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

(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
GINNY WEEKS 1330 W WESTWOOD ADRIAN, MI 49221	PRESIDENT 2	0	0	0
AL SPADAFORE 1422 S WINTER ADRIAN, MI 49221	PRES ELECT 2	0	0	0
SUE STANGE 914 COLLEGE AVE ADRIAN, MI 49221	SECRETARY 2	0	0	0
CAROLYN MARR 148 N SCOTT ST ADRIAN, MI 49221	TREASURER 5	0	0	0
SANDY TREVINO 3414 STOCK CT ADRIAN, MI 49221	VP MBRSHP 1	0	0	0
GLADYS SPRUNK 650 W ADRIAN ST 170 BLISSFIELD, MI 49228	VP SERVICE 1	0	0	0
DEE WOODWORTH 3564 GLEN HILL HWY MANITOU BEACH, MI 49253	VP FDRSNG 1	0	0	0
BEV LYELL 9312 FORRISTER RD ADRIAN, MI 49221	DIRECTOR 1	0	0	0
LENI GREEN 514 W ADRIAN ST BLISSFIELD, MI 49228	DIRECTOR 1	0	0	0
JEFF MCNALLY PO BOX 40 ADRIAN, MI 49221	PAST PRES 1	0	0	0