

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



# Form 990-EZ

Department of the Treasury Internal Revenue Service

OGDEN. UT

### **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

► 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

For the 2008 calendar year, or tax year beginning 10/01 2008, and ending 2009 D Employer identification number Check if applicable Address channe use IRS label or Colorado Lions Camp 84-0863895 Name change PO Box 9043 Telephone number print or Initial return Woodland Park, CO 80863 type. See 719-687-2087 Termination Specific Instruc-Amended return Group Exemption tions. Number Application pendin Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method: Accrual Other (specify) Check ► if the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) X 501(c) ( 3 ) < (insert no ) 4947(a)(1) or Organization type (check only one) 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 instead of Form 990-EZ 282,849. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 132,703. Contributions, gifts, grants, and similar amounts received 142,202. Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 1,456.Investment income 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 In 5b from In 5a) (att 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 **b** Less direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c 7 a 7a Gross sales of inventory, less returns and allowances 7b b Less. cost of goods sold 7 c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe > See Statement 1 8 6,488. 282,849. Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 10 Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 11 12 131,017. Salaries, other compensation, and employee benefits 12 4,650. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 22,913. 1,956. 15 Printing, publications, postage, and shipping 15 Other expenses (describe ► <u>See Statement</u> 2 95,022. 16 16 17 255,558. 17 Total expenses (add lines 10 through 16) Excess or (deficit) for the year (Subtract line 17 from line 9) 18 27,291. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 184,016. figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 21 211,307. 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) (B) End of year (A) Beginning of year Cash, savings, and investments 72,531. 22 87,069 Land and buildings 23 118,160. 157,525 Other assets (describe - See Statement 3 24 Total assets EIVED 190,691. 25 244,594. 25 6,675. 12,445. e Statement 4 26 26 (me 27 of column (B) must agree with line 21) 232,149. 184,016. 27 Net assets or fund balances 27 Prive MAGE and Haferwork Reduction Act Notice, see the instructions for Form 990. BAA Form 990-EZ (2008) TEEA0803L 09/18/08

Form 990 EZ (2008) Colorado Lions				1-08	63895 Page 2
Part III Statement of Program Se		S (See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? <u>Se</u> Describe what was achieved in carrying out the describe the services provided, the number of	e Statement 5 ne organization's exempt purp	ooses In a clear and co	oncise manner,	and	quired for 501(c)(3) (4) organizations and 7(a)(1) trusts, optional
program title				for c	thers)
28 Colorado Lions Camp serve impaired, hearing impaired					
other special needs campe	<del>_</del>	_ derayed/_ bomi	=	1	į
	nis amount includes foreign g	rants, check here	<u>-</u>	28 a	255,558.
29	<b></b>			]	
				4	
(Grants \$ ) If the	nis amount includes foreign g	 rants check here	<b>-</b>	29 a	
30					
(Grants \$ ) If the	nis amount includes foreign gi			30 a	
31 Other program services (attach schedul		rains, check here		30 a	
(Grants \$ ) If the	nis amount includes foreign gi	rants, check here	▶	31 a	
32 Total program service expenses (add l			····	32	255,558.
Part IV List of Officers, Directors	(b) Title and average hours				
(a) Name and address	per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla deferred compens	ins and	(e) Expense account and other allowances
PDG Paul Renck	President			0.	0.
<pre>c/o Colorado Lions Camp Woodland Park, CO 80863</pre>	1.00		i		
Brian David	Vice President	0.		0.	0.
c/o Colorado Lions Camp	0	Ŭ.		٥.	0.
Woodland Park, CO 80863					}
PDG Max Walt	Treasurer	0.		0.	0.
c/o Colorado Lions Camp	0				
Woodland Park, CO 80863 Leonard Gardner	Secretary	0.		0.	0.
c/o Colorado Lions Camp	beeretary	0.		0.	0.
Woodland Park, CO 80863	1				
Doug Dowd	Trustee	0.		0.	0.
c/o Colorado Lions Camp	] 0				
Woodland Park, CO 80863					
Elwood Henry c/o Colorado Lions Camp	Trustee	0.	İ	0.	0.
Woodland Park, CO 80863	-				
Keith Owens	Trustee	0.		0.	0.
c/o Colorado Lions Camp	] 0				
Woodland Park, CO 80863					
	j				
	1				
	<u> </u>				

Part V Other Information (Note the statement requirement in General Instruction V.)

			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	•	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			
á	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
ŀ	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		ļ
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.			
	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		X
i	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter.			
á	a Initiation fees and capital contributions included on line 9  39a  N/A			Ř
	Gross receipts, included on line 9, for public use of club facilities    39b   N/A			
40 a	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			1
	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 b		X
(	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	Ì		<b>∞</b> .
(	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	40 e		X
41	List the states with which a copy of this return is filed None	400		
42 a	a The books are in care of ► Colorado Lions Camp Telephone no ► 719-68	37-20	<u> 287</u>	
	Located at ►Woodland Park CO ZIP + 4 ► 80866			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ	Yes	No
١	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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			
C	At any time during the calendar year, did the organization maintain an office outside of the US?	42 c		Х
	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	•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		ĺ	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>X</u>
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.

	Form 990-EZ (20	008) Colorad	lo Lions	Camp
--	-----------------	--------------	----------	------

84-0863895

Page 4

Part V		01(c)(3) organization	s only. All section	501(c)(3) org	janizatio		•		9
	and comp	olete the tables for line	es 50 and 51.			See S	<u>tatemer</u>	<u>it 6</u>	
46 Did	d the organization	n engage in direct or indirect 'Yes,' complete Schedule (	ct political campaign ac	ctivities on beha	lf of or in	opposition to candida	tes	Yes	No
	•	•		Cabadula C. Da	اا اس		46	-	X
	-	n engage in lobbying activit	*			ata Cabadula E	47	<del> </del>	X
	-	operating a school as desc	, ,			ete Schedule E	48		X
		n make any transfers to an	•	related organiz	ation?		49a		_X
p It .	Yes, was the rel	ated organization(s) a sect	ion 527 organization?				_49b		<u> </u>
		for the five highest compe \$100,000 of compensation					ployees) wh	no eac	h
	(a) Name and address more tha	s of each employee paid in \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	ition (	d) Contributions to employee benefit plans and deferred compensation		pense int and lowance:	s
None									
				=			· · · · · · · · · · · · · · · · · · ·		
Total num	ber of other employee	s paid over \$100,000							
<b>51</b> Co fro	mplete this table m the organization	for the five highest compe on If there is none, enter 'I	nsated independent cor None '	ntractors who ea	ach receiv	ved more than \$100,00	00 of compe	ensatio	חכ
	(a) Name and	d address of each independent contr	actor paid more than \$100,000	·	(	b) Type of service	(c) Comp	ensatio	n
<u>None</u>									
Total nu	mber of other inc	dependent contractors recei	iving over \$100,000	<b>-</b>					
	Under penalties of	of perjury, I declare that I have exam complete. Declaration of preparer (	ined this return, including acco	mpanying schedules	and stateme	ents, and to the best of my knowledge	owledge and be	elief, it is	5
	true, correct, and	complete Declaration of preparer (	other than officery is based on t	an imormation of will	cii preparei i	nas any knowledge	_		
Sign	I. Xa	mes H X	ione			12-28-	09		
Here	Signature of	officer				Date			
	Jim Pi	erie			E	xecutive Direc	ctor		
		name and title	<del> </del>						
			· · · · · · · · · · · · · · · · · · ·	Date		Check if Pr	eparer's identif	ying Nur	mber
Paid	Preparer's signature	Ruth Ahopelto CI	PA			i sen	ee instructions. /A	)	
Pre-	Firm's name (or	AHOPELTO & ASSOC				Sinployed III	,		
parer's Use	yours if self employed),	5350 N ACADEMY I				—  EIN ►	N/A		
Only	address, and ZIP + 4	COLORADO SPRINGS			· · ·	Phone no ► (719		8887	
		return with the preparer sh	<del></del>	ctions		17 110/10/10 (771.	►X Yes	7	No
BAA			2000 11314	<del></del>			Form <b>99</b> 0		

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545 0047 2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Colorado Lions Camp					363895		
Part I Reason for Public Charity	Status (All organizations	must compl	ete this part.	) (see i	nstruct	tions)	
The organization is not a private foundation	n because it is. (Please check o	only <b>one</b> organi	zation.)				
1 A church, convention of churches	or association of churches des	cribed in <b>sectio</b>	on 170(b)(1)(A)(	i).			
2 A school described in section 17	0(b)(1)(A)(ii). (Attach Schedule	E)					
3 A hospital or cooperative hospital	_					-	
4 A medical research organization	operated in conjunction with a l	hospital describ	ed in section 1	70(b)(1)( <i>A</i>	A)(iii). Er	nter the hospita	l's
name, city, and state  5	benefit of a college or universit	y owned or ope	rated by a gove	nmental	unit des	cribed in secti	 ion
170(b)(1)(A)(iv). (Complete Part  6 A federal, state, or local government		bod in castion	170/6//1// 8///				
7 X A rederal, state, or local governing An organization that normally red in section 170(b)(1)(A)(vi). (Com	eives a substantial part of its s				the gen	eral public des	cribed
8 A community trust described in s	ection 170(b)(1)(A)(vi). (Comple	ete Part II)					
9 An organization that normally received from activities related to its exempt investment income and unrelated June 30, 1975. See section 509(a)	functions – subject to certain exc business taxable income (less	eptions, and (2)	no more than 33	-1/3 % of	its suppo	ort from aross	after
10 An organization organized and or	perated exclusively to test for pr	ublic safety. See	e section 509(a	)(4). (see	e instruc	tions)	
An organization organized and or more publicly supported organized describes the type of supporting	ations described in section 509( organization and com <u>pl</u> ete line	(a)(1) or section s 11e through 1	509(a)(2). See 1h	of, or car <b>section</b>	509(a)(3	). Check the b	ox that
		II – Functionall			_d ∐_	Type III— Oth	
e By checking this box, I certify that than foundation managers and ot 509(a)(2).	it the organization is not control her than one or more publicly s	supported organ	ndirectly by one izations describ	or more ed in sec	disqualition 509	fied persons of (a)(1) or section	ther n
f If the organization received a write check this box	tten determination from the IRS	that is a Type	, Type II or Typ	e III supp	oorting o	rganization,	
<b>g</b> Since August 17, 2006, has the o	rganization accepted any gift of	or contribution fi	om any of the f	ollowing	persons		<del></del>
	lirectly controls, either alone or	together with pe	ersons describe	d ın (ıı) a	ınd (III)	Yes	s No
, ,	of the supported organization?					11g (i)	<del></del>
(ii) a family member of a person	• • • • • • • • • • • • • • • • • • • •					11g (ii)	<del> </del>
, ,	person described in (i) or (ii) a					11 g (iii)	
h Provide the following information	<del></del>	1	1	Ι	[		
(i) Name of Supported (ii) EIN Organization	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) li organizati (i) organiz U S	on in col	(vii) Amount of S	upport
		Yes No	Yes No	Yes	No		
		1	}				
		ļ	-	<del></del>			
					İ		
		<del>                                     </del>	1	+			
				1	1		
		<del> </del>		<del>                                     </del>	<del></del>		
		1		†			
					-		
Total							
RAA For Privacy Act and Panerwork Redu	iction Act Notice see the Instr	uctions for For	m 99N	Schadula	A (Form	n 990 or 990.E	ZN 2008

Part II 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) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 225,158 51,696 157,074 90,063 523,991. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 225,158 51,696 90,063 157,074 0 991 Total. Add lines 1-3 523 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 3 shown on line 11, column (f) 0. 35 Public support. Subtract line 5 from line 4 523,991. Section B. Total Support Calendar year (or fiscal year (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total beginning in) 225,158 51,696 90,063 157,074 0 523,991 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents. rovalties and income form 3.039 839 964 1.219 similar sources 6,061. Net income form unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) See Part IV 4,936 2,581 9,104 13,909 30,530. Total support. Add lines 7 through 10 54 3 560,582. Gross receipts from related activities, etc. (see instructions) 12 0. 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) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box 17a 10%-facts-and-circumstances test - 2008. 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** — **2007.** 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 supported organization

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

#### Schedule A (Form 990 or 990-EZ) 2008 Colorado Lions Camp 84-0863895 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support **(e)** 2008 Calendar year (or fiscal yr beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1.5

7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b

/C Iron line 6 )	~	*/* A.		\$		
Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,		
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in						

Part IV 13 Total support. (add ins 9, 10c, 11, and 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 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19 a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3% and line 17 is not

	more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<b>•</b>		J
ŧ	b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 1 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	•	П	١

8 Public support (Subtract line

7- frame 1.-- C >

Schedule .	A (Form 99	90 or 990	EZ) 2008	3 Col	orado	Lions	Camp			84-0863895	Page 4
Part IV	Supple	mental	Inform	ation. (	Comple	te this	part to	provide the	explanation requ	uired by Part II,	ine 10;
	Part II,	line 17	a or 17	b; or Pa	art III, I	ıne 12.	Provide	e any other	explanation requadditional inform	nation. (see insti	ructions)
										_	
				<b></b>						<b></b>	
								. <b></b>			
			- <b></b> -							<b>-</b>	
						- <del>-</del>					
									- <b></b>	<b></b>	
											<del></del>
<u>-</u>										<del>-</del>	
									<del>-</del>	· <b></b>	
				- <b></b> -							
										- <del>-</del>	
											<b>-</b>
										- <del>-</del>	
<del>-</del>					- <del></del>	- <del></del>		<del>-</del>			
<del>-</del>				- <del></del>							
	<b>-</b>										
	<b></b>										
<b>_</b> _		<b></b>	_ <b></b> _	_ <b></b> _		<b></b>					
		<b>_</b>	<del></del> -		. <b>_</b>	- <b>-</b>	. <b></b>		<b></b>		
								<b>_</b>	·		<b></b>
				- <b></b> -	. <b></b> -				<b></b>	. <b></b>	
	· - <del>-</del>							<b>_</b>			<del>_</del> <del>_</del>

Part II, Line 10 - Other Income  Nature and Source  Camp Use  Total	2008	Solora S	2007 13,909. 13,909.	2006		2,581. 2,581. 3,581.	2004 4,93 3,4,93	
Nature and Source Camp Use	2008	<u> </u>						6.6.
Camp Use		. \$						6.6.
Camp Use Total	<u>\$ 0</u>	. \$	13,909. 13,909.	9,104	1. 1. \$	2,581. 2,581. \$	4,93 3,4,93	6.6.

2008	Federal Statements	Page 1
	Colorado Lions Camp	84-0863895
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue  Rebates and Refunds Miscellaneous	Tot	\$ 4,515. 1,973. \$ 6,488.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  All Other Awards & Recognition Camper's Programs & Supplies Conferences, Conventions, and Depreciation Director's Expense Dues & Membership Equipment Fees & Permits Food Fundraising Supplies Insurance Office Expenses Refunds Repairs & Maintenance Security Trustee reimbursements Vehicle Expense		\$ 1,540. 1,034. 9,246. 750. 24,184. 1,587. 255. 620. 2,743. 16,329. 1,782. 13,057. 5,150. 500. 8,846. 849. 395. 6,155.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets  Accounts Receivable	<u>Beginn</u> ; \$	<u>ing Ending</u> 0. \$ 4,383.
Miscellaneous Prepaid Expenses and Deferred	Total \$\frac{112,}{5,}\$	542. 143,023. 618. 10,119. 160. \$ 157,525.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities		
Accounts Payable and Accrued E Payroll Liabilities	•	ing Ending 675. \$ 10,479. 0. 1,966. 675. \$ 12,445.

2008

## **Federal Statements**

Page 2

**Colorado Lions Camp** 

84-0863895

Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Colorado Lions Camp was founded in 1969 to provide summer camps for special needs campers ages 8 through senior adult, regardless of race, color, national origin, sex or creed.

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No