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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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending								, 20
В	Check if	applicable	Please	C Name of organization BENTONVILLE BREAKFAST	LIONS CLUB		DE	mployer identification no.
	Address	change	use IRS label or	Doing Business As TERRY FRANKLIN			71.	-0718954
	Name cl	nange	print or	Number and street (or P O box if mail is not delivered to street address	ess)	Room/suite	E Te	elephone number
ñ	Initial re	-	type. See	1304 NE 10TH STREET	,			79)273-1651
Ħ	Termina		Specific	City or town, state or country, and ZIP + 4		J	_ _	ross receipts
#			Instruc- tions.	BENTONVILLE, AR 72712				•
獸	Amende						\$	68,115
~~	Applicat	ion pending	Į	and address of principal officer CHET CAMPBELL		H(a) Is this a great affiliates?	oup return for	Yes 🗓 No
20 <u> </u>				AWLE DRIVE, BELLA VISTA, AR 72714		1		
				4) ◀ (insert no)		If "No," atta	iates included ach a list (se	e instructions)
3 —	Website			CLUBS.ORG		Tito, Group date	mption numb	er ▶ 0239
₹ _		organization	Corporation	Trust Association Other ▶	L Year of formation 19	81 M State	of legal dom	icile AR
_	art I	Summar						
	1	Briefly descr	nbe the or	ganization's mission or most significant activities.	HELPING PROPLE	AND ORGAN	IZATIO	NS IN NEED WITH
<u>Z</u>		MEDICAL	AND GL	ASSES. DOING THE HAUNTED HOUSE EVERY	Y YEAR GIVES T	HE ORGANIZ	ATION (GOOD
Z S	G EXPOSURE WITH THE PUBLIC NAD IS 75 PERCENT OF ITS INCOME FOR DONATIONS THRU							THE YEAR.
(A)	,	WE						
	2	Check this b	ox ▶ 🔲 i	f the organization discontinued its operations or disposed	d of more than 25% of	its net assets		
	3	Number of v	oting mem	bers of the governing body (Part VI, line 1a)			3	4
	4		_	nt voting members of the governing body (Part VI, line 1b)		4	4
S	5		•	yees (Part V, line 2a)	•		5	
2	9 6		-	eers (estimate if necessary)			6	25
-	7-			pusiness revenue from Part VIII, column (C), line 12			7a	0
	7a	=					7b	
		iver unrelate	a busines:	s taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·		/B	0
R				(m. 10 mas). (1)	<u> </u>	Prior Year		Current Year
е	8			its (Part VIII Aline 16)		54	,676	68,115
9	9	Program ser	vice rever	nue (Part VIII, Ime and SEWES				0
n	10	Investment ı	ncome (Pa					0
9	11	Other reven	ue (Part V	III, columba), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12			es 8 throນີ້ຕ່າ 11 ໃຕ້ເປັ້ອ equal Part VIII, column (A), line 12		54	,676	68,115
	13	Grants and	sımılar am	ounts paid (Part IX, column (A), lines 1 2		15	,750	11,799
	14	Benefits paid	d to or for					0
E	15			nsation, employee benefits (Part IX, column (A), lines 5-1	10)			0
P				ig fees (Part IX, column (A), line 11e)	· —			
n				nses (Part IX, column (D), line 25) ▶			 -	
S	17				22,502	22	,550	28,295
s	18	•	•	ines 13-17 (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·			
	i i	•			<u> </u>		,300	40,094
	19	nevenue les	s expense	es Subtract line 18 from line 12			,376	28,021
Net Ass	ets as	Takal	(D1)/ :	40)		eginning of Current Y		End of Year
or	20		•	ne 16)	<u> </u>	28	,637	64,010
Fund Bal-		Total liabilitie	•	•	<u> </u>			0
ance				ances Subtract line 21 from line 20		28	,637	64,010
P	art II	Signatu						
		Under penalti and belief, it i	es of penury; s true, correc	declare that I have examined this return, including accompanying sche t, and complete Declaration of preparer (git/er) than officer) is based on a	dules and statements, and to	o the best of my know rer has any knowled	Medge ne	
۵.			_	- W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		10 10.0
Si	-			erry Transfer			4	-12-2010
He	re	Signatu	re of officer	/	- -		Date	
		TERR	Y FRAN	KLIN, TREASURER				
		Type or	print name a	nd title				
_		Preparer's	$\overline{}$	Date	Check if	Prepar	er's identifyin	ng number
		signature	مائر 🏃	All Dychlman	self-	od N 🖾 (see in	istructions)	20 2111
Pai -		1		h2_5	20-2010 employe	" ' = Pa	১০ ঐ	11364
	parer's		+	DCC TAX SERVICE		EIN B		·
Use	Only	Firm's name of self-employ				^{EIN} ▶71	1- nr	77364 7/37/2
		address, and		P O BOX 189 - 135 N A STREET				
		ı		▼ CENTERTON, AR 72719-0189		Phone no ► 479	J-795-2	092

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Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, Х 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12 Was the organization included in consolidated, independent audited financial statements for the tax year? 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Ь 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes." complete Schedule L. Part II Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28Ь Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? **Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ь 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х ь 3ь 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 4a X **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**t For all contributions of qualified intellectual property, did the organization file Form 8899 as required? g 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter-Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

<u> </u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	4		
b	Enter the number of voting members that are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		ĺ
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7Ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8ь	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		-	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь	1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		41	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	•	v
ь	Other officers or key employees of the organization	15a		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	135		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a	1	У
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		X
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	126		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply.			
10	— — — — — — — — — — — — — — — — — — —			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. TERRY FRANKLIN (479)273-1651			
	1304 NE 10TH STREET BENTONVILLE, AR 72712			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week	Posit I t d n r i d u r i s e v t c i e t d e o u r a o I r	t	$\overline{}$	K	at apply) H C e I O m I P P I P I	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TERRY FRANKLIN				Ī.,						
TREASURER	3.00		!	Х					0	0
CHET CAMPBELL				v						
PRESIDENT GARY RAINES	3.00			Х		ļ	_			
VICE PRESIDEN	3.00			x						
										<u> </u>
	FFA									Form 990 (2000)

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	TE VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	nes	t Com	pen	sated Employees	(continued)			
	(A)	(B)				C)			(D)	(E)	1	(F)	
	Name and Title	Average hours per week	Position Pos	1 t n r s u t s t t e u e	O f f . c e	all thi	at apply) e Ep - o y e e c o Ep e c s a t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co	Estimated amount of other ompensation from the organization and relate organization	ion e on ed
									-	•			
						-					+		
									_		<u> </u>		
								-			+		
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				_		_					<u> </u>		
										_	+		
											<u> </u>		
1b	Total							>	0	0	†		0
2	Total number of individuals (including but not limited to t	those listed a	above)	who	o rec	eive	ed more	e tha	an \$100,000 in				
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director or t	rustee, key e	employ	/ee,	or hi	ighe	st com	pen	sated		····	103	110
	employee on line 1a? If "Yes," complete Schedule J for										3	<u> </u>	X
4	For any individual listed on line 1a, is the sum of reportative organization and related organizations greater than	-					-						
	individual										4	1	х
5	Did any person listed on line 1a receive or accrue comp	ensation fro	m any	unre	elate	d or	ganıza	tion	for			1	
500	services rendered to the organization? If "Yes," complection B. Independent Contractors	te Schedule	J for s	uch	pers	son	• • •		· · · · · · · · · · · · · · · · · · ·		5		X
1	Complete this table for your five highest compensated in	ndependent	contra	ctors	s tha	at red	eived	mor	e than \$100,000 of				
	compensation from the organization												
	(A)								(B)			(C)	
	Name and business address								Description of se	ervices	Comp	pensation	
_									<u> </u>				
		_											
							•						
2	Total number of independent contractors (including but	not limited to	those	lista	ed al	bove	a) who	rece					
-	more than \$100,000 in compensation from the organiza				J		,,	, 500					

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Part	VIII	Statement of Revenue			<u>l</u> .		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a					
	ь	Membership dues 1b	1,040	1			
Contri- butions,	С	Fundraising events 1c	63,010	1			
grits,	d	Related organizations 1d		1			
grants	е	Government grants (contributions) 1e		ĺ			
and other	.		-	ŧ			
similar	'	All other contributions, gifts, grants, and similar amounts not included above	4,065				
amounts	ا ا	Noncash contributions included in lines 1a-1f. \$	1				
	h			68,115			
	 	Total Addition to the Control of the	Business Code	00,113		· · · · · · · · · · · · · · · · · · ·	
	2a		Dusiliess Code	}			
	Ь.						
Program	-						
Service Revenue	اما						
	•	All other program service revenue					
	٠,	Total. Add lines 2a-2f					
		 -					
	3	Investment income (including dividends, interest, other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
	•	(ı) Real		l			
	6a	Gross Rents	(ii) Personal				
		Less rental expenses		-			
	1	Rental income or (loss)	-				
		Net rental income or (loss)					
		F*****					
	/a	Gross amount from sales of (i) Secunties assets other than inventory	(II) Other				
	١.						
	Ь	Less: cost or other basis					
0		and sales expenses	<u> </u>				
t h	l	Gain or (loss)				1	
e	i	Net gain or (loss)					
r	oa	Gross income from fundraising					
R		events (not including \$ 63,010					
e		of contributions reported on line 1c).					
v e		See Part IV, line 18 a Less direct expenses b					
n	l			,	-		
u e	l	_	· · · · · · · •				
•	Ja	Gross income from gaming activities.					
	١,	See Part IV, line 19 a Less direct expenses b					
	l						
	1	Net income or (loss) from gaming activities			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ıva	Gross sales of inventory, less returns and allowances					
	, L						
		Less cost of goods sold \dots b Net income or (loss) from sales of inventory \dots					
	-						
	11a	Miscellaneous Revenue	Business Code		1	:	
	b						-
							
	ر ب	All other revenue					
		Total. Add lines 11a-11d		·			
	1	Total revenue. See instructions		60 31-			
		revenue: Oco instructions	· · · · · · • •	68,115	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	The other organizations index complete con-			Julinis (B), (C), and (
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		0.000	general expenses	охрелзез
•	organizations in the U.S. See Part IV, line 21	7,586	7,586		
2	Grants and other assistance to individuals in	7,300	7,300		
	the U.S. See Part IV, line 22	4,213	4 212		
3	Grants and other assistance to governments,	7,213	4,213	······································	
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Windstellandstellands	hilitiiniiniiniiniinii
5	Compensation of current officers, directors,				
•					
6	trustees, and key employees			 -	
Ü	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
8	Other salaries and wages				
•	Pension plan contributions (include section 401(k)				
۵	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a L	Management	1,171		1,171	
b	Legal				
C	Accounting				
d e	Lobbying			1 /1000	
f	Professional fundraising services. See Part IV, line 17 . Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1 605			
14	Information technology	1,605		1,605	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		_		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not			·	
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		ı		
	5% of total expenses shown on line 25 below.)		1		
a	MATERIALS AND SUPPLIES (HH)	5,811	······································		5,811
b	RENT FOR HAUNTED HOUSE	1,800			1,800
c	CONSESSION SUPPLIES	1,091	-		1,091
d	PORTA POTTY (HH)	358			358
e	MEALS FOR HH VOLUNTEERS	758			758
f	All other expenses	15,701	617		15,084
25	Total functional expenses. Add lines 1 through 24f	40,094	12,416	2,776	24,902
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Part	X	Balance Sheet			- rager
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	21,858	1	43,642
ĺ	2	Savings and temporary cash investments	4,279	2	17,868
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	······································		
l		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		 	
.		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	 -
е	8	Inventories for sale or use	_	8	· · · ·
s	9	Prepaid expenses and deferred charges		9	
į	10a	Land, buildings, and equipment: cost or		1	
ŀ		other basis. Complete Part VI of Schedule D 10a			
ĺ	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,500	15	2,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,637	16	
	17	Accounts payable and accrued expenses	20,037	17	64,010
	18	Grants payable		18	
L	19	Deferred revenue		19	
ī	20	Tax-exempt bond liabilities		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ĭ	22	Payables to current and former officers, directors, trustees, key		21	·
!		employees, highest compensated employees, and disqualified			
¦		persons. Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		22	
e	24	Unsecured notes and loans payable to unrelated third parties		24	
•	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117, check here ▶ □ and	0	20	0
		complete lines 27 through 29, and lines 33 and 34.			
N F	27	Unrestricted net assets		27	
n	28	Temporarily restricted net assets		27	
d	29	Permanently restricted net assets	·	28	
В	LJ	· ·	·	29	 .
; a		Organizations that do not follow SFAS 117, check here ▶ And complete lines 30 through 34			
a	30	and complete lines 30 through 34.		1 00	
n	30 21	Capital stock or trust principal, or current funds		30	
с Э е	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e s	32	Retained earnings, endowment, accumulated income, or other funds	28,637	32	64,010
	33	Total net assets or fund balances	28,637	33	64,010
	34	Total liabilities and net assets/fund balances	28,637	34	64,010

Form	990 (20	009) BENTONVILLE BREAKFAST LIONS CLUB 71-071895	4	Pa	age 12
Par	t XI	Financial Statements and Reporting			<u></u>
				Yes	No
1	Accou	nting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other			
	If the o	rganization changed its methods of accounting from a prior year or checked "Other," explain in			
	Sched	ule O			
2a	Were t	he organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
ь	Were t	he organization's financial statements audited by an independent accountant?	2b		Х
c	If "Yes	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	<u> </u>		
	the aud	dit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the o	rganization changed either its oversight process or selectin process during the tax year, explain in			
	Sched	ule O			
d	If "Yes	to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		•	
	issued	on a consolidated basis, separate basis, or both			
	X Se	parate basis			
3a	As a re	esult of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Sin	gle Audit Act and OMB Circular A-133?	3a		Х

3b

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

_•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.			
Na	ame of organization	_		Employer κ	dentification number
В	ENTONVILLE BREAKFAST LIONS (CLUB		71-071	.8954
Pi	art I-A Complete if the organ	ization is exempt under se	ction 501(c) or	is a section 527 org	ganization.
1	Provide a description of the organization's	s direct and indirect political campaign	n activities in Part IV	'	
2	Political expenditures			▶ \$	
3	Volunteer hours				
				_	
Pi	art I-B Complete if the organ	ization is exempt under se	ction 501(c)(3).	,	
1	Enter the amount of any excise tax incurr	ed by the organization under section	4955	▶ \$	
2	Enter the amount of any excise tax incurr	ed by organization managers under s	section 4955		· · · · · · · · · · · · · · · · · · ·
3	If the organization incurred a section 4955		. Yes No		
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
PE	art I-C Complete if the organ	ization is exempt under se	ction 501(c), ex	cept section 501(c)	(3).
1	Enter the amount directly expended by th	e filing organization for section 527 e.	xempt function		
	activities			<i>.</i> > \$	
2	Enter the amount of the filing organization			· <u>—</u>	
	527 exempt function activities	-		<i></i> > \$	
3	Total exempt function expenditures Add	lines 1 and 2. Enter here and on Form	n 1120-POL,	,	
	line 17b			<i></i> > \$	
4	Did the filing organization file Form 1120-				
5	State the names, addresses and employe				
	were made. For each organization listed,		•		
	contributions received that were promptly			•	
	fund or a political action committee (PAC)				,
_	· · · · · · · · · · · · · · · · · · ·				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
					
				 	+
			-	 	-
				 	<u> </u>
			 -		
]]		
			 	- 	
				,	

Sche		BREAKFAST LI			71-0718	
P	rt II-A Complete if the organizat	ion is exempt u	nder section 50	01(c)(3) and filed	f Form 5768 (ele	ection
	under section 501(h)).					
A	Check ► ☐ If the filing organization belongs					
В	Check ► ☐ if the filing organization checked			oly.		
		bbying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures			 -	organization's totals	group totals
1a	Total lobbying expenditures to influence public			• • • • • • • •		
b	,	• •		• • • • • • • • •		
C	Total lobbying expenditures (add lines 1a and					···
d		• • • • • • • • •				
e	Total exempt purpose expenditures (add lines	• • • • • • • • •				
T	Lobbying nontaxable amount. Enter the amount columns					
	If the amount on line 1e, column (a) or (b) i		g nontaxable amour	nt is :		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess ov	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000	-			•
g	Grassroots nontaxable amount (enter 25% of la	•				
h :	,					
!	Subtract line 1f from line 1c If zero or less, ent					
J	If there is an amount other than zero on either I		-			
	section 4911 tax for this year?				· · · · · · · · · · · · · · · · · · ·	Yes No
	(Some organizations that columns be	at made a section 5				
	Lob	bying Expenditures	During 4-Year Ave	eraging Period	7	
	Calendar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	beginning in)	1				
_			 			
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

-	(election under section 501(h)).	(a)		(P)	
		Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of.		:			
a	Volunteers?					
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		ļ			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		ļ			
i	Other activities? If "Yes," describe in Part IV		ļ			
j	Total. Add lines 1c through 1i	ŀ				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ			
Ь	If "Yes," enter the amount of any tax incurred under section 4912	ŧ				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	F				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\/E\	07.00			
FQ	501(c)(6).	.)(S),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		X
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					71
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A				ered	
	"Yes."	.,				
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					•
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		•	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1	ı				
Also,	complete this part for any additional information.					
					_	.,
				-		

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BEI	NTONVILLE BREAKFAST LIONS CLUB	71-0718954					
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if					
L	the organization answered "Yes" to Form 990, Part IV, line 6.	·					
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(c) this the thin the					
2	Aggregate contributions to (during year)	,,,,,					
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
,	funds are the organization's property, subject to the organization's exclusive legal control?	□ Vaa □ Na					
6		∐ Yes ∐ No					
0	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be						
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	П., П.,					
	purpose conferring impermissible private benefit?						
	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7					
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or pleasure)						
	Protection of natural habitat Preservation of a certified hist	toric structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation					
	easement on the last day of the tax year						
		Held at the End of the Tax Year					
а	Total number of conservation easements	2a					
Ь	Total acreage restricted by conservation easements	2b					
С	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during					
	the tax year ▶						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the						
	>	,					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year						
	▶ \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section						
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes 🗆 No					
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statements						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	,					
	the organization's accounting for conservation easements	300011003					
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets					
Limii	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	51 Gilliai 7555151					
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sh	peet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of						
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	or public service,					
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet	works of art					
-	- · · · · · · · · · · · · · · · · · · ·	•					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:	. 0					
	(i) Revenues included in Form 990, Part VIII, line 1	·					
2	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	rovide the					
_	following amounts required to be reported under SFAS 116 relating to these items:						
a	Revenues included in Form 990, Part VIII, line 1	· · · · · > \$					
b	Assets included in Form 900. Part Y	► #					

	•								
	ule D (Form 990) 2009 BENTONVILLE BR					71-07			Page 2
Pa	Organizations Maintaining						Assets (c	ontinu	ed)
3	Using the organization's acquisition, accession,	and other records, o	neck any of the	ollowing that are	a signific	ant use of its			
_	collection items (check all that apply). Public exhibition	ما □ ام	b						
4 h	=	e 🗍 Ott	n or exchange p	rograms					
0	Scholarly research Preservation for future generations	e 🗆 Ou	er				 		
с 4	Provide a description of the organization's colle	ations and avalain be	us that further th	o organizationia					
•	Part XIV	ctions and explain no	w triey lurtrier tri	e organization's (exempt p	urpose in			
5	During the year, did the organization solicit or re	acina departures of a	rt bustomasi trass						
J	assets to be sold to raise funds rather than to be							,	□ N.
Pa	T IV Escrow and Custodial Arra						. <u>.</u>	es	∐ No
P 54	Part IV, line 9, or reported an amour	_		mon answered 1	res lo re	omi 990,			
1a	Is the organization an agent, trustee, custodian			or other accete					
	included on Form 990, Part X?	-					🗆 Y	/ac	∏ No
ь	If "Yes," explain the arrangement in Part XIV an						· · · · · · ·	C3	140
		a complete alle lellet	ing table			7	Amount		
С	Beginning balance				10		anount		
d	Additions during the year								
е	Distributions during the year					-			
f	Ending balance								
2a	Did the organization include an amount on Form	990, Part X, line 21	?				Пъ	es e	□ No
b	If "Yes," explain the arrangement in Part XIV.								
Pa	TV Endowment Funds. Complete	if the organization a	nswered "Yes" to	Form 990, Part	IV, line 10	0.			
		(a) Current year	(b) Pnor year	(c) Two year	rs back	(d) Three years bar	ck (e) Four	r years I	back
1a	Beginning of year balance						1	***************************************	
Ь	Contributions								
C	Net investment earnings, gains, and losses .								
d	Grants or scholarships								
e	Other expenditures for facilities			•					
	and programs								
f	Administrative expenses								
g	End of year balance						<u> </u>		
2	Provide the estimated percentage of the year er	nd balance held as							
a	Board designated or quasi-endowment	%							
Ь	Permanent endowment > %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization	that are held an	d administered fo	or the		1	r	
	organization by:							Yes	No
	(i) unrelated organizations							<u> </u>	
ı.	(ii) related organizations							<u> </u>	┞
b 4	If "Yes" to 3a(ii), are the related organizations lis			• • • • • • • •	• • • • •		3b	<u> </u>	<u> </u>
4 Da	Describe in Part XIV the intended uses of the or			000 = 1111					
F	t VI Investments – Land, Build	ings, and Equip	ment. See Fo	rm 990, Part X, I	ne 10.				
	Description of investment	(a) Cost or oth	1 ''	Cost or other	1 ''	Accumulated	(d) Boo	k value	
		(investme	ent)	basis (other)	į de	epreciation			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

organization's liability for uncertain tax positions under FIN 48.

Part VII	Investments - Other Securi	ities. See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	8
Financial deri	vatives			
Closely-held	equity interests			
Other				
				
			 -	
				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments - Program Rel		<u> </u>	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Decomposition of investment type	(6) 20011 141100	Cost or end-of-year market value	Э
				·
			·	
			······································	
	(b) must equal Form 990, Part X, col (B) line 13)	•	······································	
Part IX	Other Assets. See Form 990, Pa			
		(a) Description		(b) Book value
MATERIALS	FOR H HOUS			2,500
	·			
	·			
				
				
				
Total. (Colum	nn (b) must equal Form 990, Part X, col (E	3) line 15.)		2,500
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
Federal incon	ne taxes			
			_	
	<u> </u>		_	
			_	
			_	
			4	
			4	
			4	
	(b) must equal Form 990, Part X, col (B) line 25)	b		
EIN 48 FOO	otnote. In Part XIV provide the text of the	tootnote to the organization's financial sta	atomonte that reporte the	

Schedi	ule D (Form 990) 2009 BENTONVILLE BREAKFAST LIONS CLUB	71-0718954	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV)	7	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	7	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	7	
c	Other losses		
d	Other (Describe in Part XIV.)	7]	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV.)	7]	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	T XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b	 -	
and 2	2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
this p	part to provide any additional information.		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Parl IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

BENTONVILLE BREAKFAS	r lions c	LUB		<u> </u>		718954
Part I Fundraising Activitie Form 990-EZ filers are not i	S. Complete if the	e organization	answered	"Yes" to Form 990, P	art IV, line 17.	
Indicate whether the organization ra Mail solicitations Internet and email solicitations Phone solicitations	ised funds through	e [] f []	Solicitation Solicitation	ivities. Check all that a n of non-government g n of government grants ndraising events	rants	
d n-person solicitations			under all Character		.	
2a Did the organization have a written or key employees listed in Form 990		-		_		es 🗌 No
b If "Yes," list the ten highest paid indi	•	*	•	•		
to be compensated at least \$5,000 to	by the organization	า				
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundr custody or c contribu	ontrol of	(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
	 	Yes	No			· · · · · · · · · · · · · · · · · · ·
						-
		-				
<u></u>						
	<u> </u>					
Total						
List all states in which the organization registration or licensing				or has been notified it	is exempt from	1
					-	
						
						

	dule G		TONVILLE BREAKFAS			-07189)54	Р	age 2
	11 7 11	more than \$15,000 on Form 99				,u			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Event #1	(b) Event #2	(c) Other Events	<u> </u>	(d) Total	Events	
В			HAUNTED HOUS	WHITE CANE			dcol (a) through	n
R e			(event type)	(event type)	(total number)		col	(c))	
V	1	Gross receipts							
e n	2	Less: Charitable	<u> </u>		 				
u e	_	contributions							
e	3	Gross revenue (line 1			 				
		minus line 2)							
	4	Cash prizes							
D									
r	5	Non-cash prizes	· · · · · · · · · · · · · · · · ·						
е С	_	Don't so his south							
ť	6	Rent/facility costs							
Ε	7	Food and beverages							
х	′	rood and beverages							
p e	8	Entertainment							
n									
s e	9	Other direct expenses							
s			<u> </u>	·					
	10	Direct expense summary. Add lines				()
	11	Net income summary Combine line							
Pa	rt II	·	=	to Form 990, Part IV, line	19, or reported more				
_		than \$15,000 on Form 990-EZ	, line 6a.		1				
_ acse <e Te>ecse</e 			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal gam		
ě				bingo/progressive bingo		COI	(a) throu	gn coi	(C))
ü	1	Gross revenue							
ă	-	GIOGGIOVONIAG I I I I I I I I I I I I I I I I I I			-				
D-rect	2	Cash prizes							
e		·							
τ E	3	Non-cash prizes							
xperses	4	Rent/facility costs							
S									
Š	5	Other direct expenses					,,,		
			☐ Yes %		1 = 				
	6	Volunteer labor	☐ No	_ No	_	ļ			
	7	Direct concerns comment. Add by	. O share cale 5 on a share (d)			١,			
	7	Direct expense summary. Add lines	2 through 5 in column (a)						
	8	Net gaming income summary Com	hine line 1 column (d) and	line 7	_				
		Trot garring income darimary Com	billo lillo 1, coldilli (d), dila					Yes	No
9	En	ter the state(s) in which the organizat	tion operates gaming activit	ties:					
а		he organization licensed to operate g	· · · · ·				9a	1	
ь		No," Explain							
10a		ere any of the organization's gaming l	icenses revoked, suspende	ed or terminated during the	e tax year?		10a		
b) If "	Yes," Explain:							
									
11	_	on the organization and the	noted to see the control of					1	ŀ
11 12		es the organization operate gaming a he organization a grantor, beneficiary			other entity		11	<u> </u>	ļ
		med to administer charitable gaming?		•			12		Ī

990 Overflow Statement Page 1 Name(s) as shown on return BENTONVILLE BREAKFAST LIONS CLUB 71-0718954

FUNDRASING EVENTS INCOME

Description	2	Amount
WHITE CANE COLLECTIONS	\$	821
HAUNTED HOUSE (HH)		62,189
Total:	\$	63,010

OTHER REVENUES FROM GRANTS AND DONATIONS

Description	I	Amount
PRIVATE DONATION FOR GLASSES	\$	1,935
WALMART GRANT WHITE CANE		1,000
PRIVATE DONATION		1,000
CASH FROM FOOD BANK		130
Totals	\$	4,065

GOVERNMENTS AND ORGANIZATIONS IN THE US

Description	A	mount
SVOSH OPTAMOLOGY SCHOOL	\$	50
MERCY OPTICAL		2,000
NWA FOOD BANK		420
WHITE CANE CARNATIONS		165
HABITAT FOR HUMANITY		300
CHILDRENS ADVOCACY		800
ALMA LIONS CLUB		100
DIABETIS AWARENESS		1,000
ALS DONATIONS	-	400
SHOP WITH A COP		1,500
SHARING AND CARING		851
Total:	\$	7,586

INDIVIDUALS IN THE US

A	mount
\$	1,073
	123
	2,226
	300
_	241
	250
\$	4,213
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

990 Overflow Statement Page 2 Name(s) as shown on return BENTONVILLE BREAKFAST LIONS CLUB FEIN 71-0718954

FEES FOR SERVICES MANAGEMENT

Description		A	mount
DUES 71		\$	289
DUES INTL			882
	Total:	\$	1,171

OFFICE EXPENSES MANAGEMENT AND GENERAL

Description	A	mount
DVD PLAYER	\$	200
PRO FEES FOR TAX RETURN		200
STATE CONVENTION REGISTRATION FEES		70
STAMPS		42
STAMPS		46
INTERNATION DUES SUPPLIES		370
LIONS INTERNATION NEW MEMBER FEES		124
RON FREY CHARTER NIGHT MARSHALL		100
MEETING MEALS EXPENSE		453
Total:	\$	1,605

OTHER EXPENSES

Description		Aπ	ount
PRO PHOTO FILM		\$	617
	Total:	\$	617

ALL OTHER EXPENSES FOR HAUNTED HOUSE (HH) FUNDRAISER

Description	Amount	
CHRIS MICHEALS LABOR	\$	1,500
CREDIT CARD PROCESSING FEES		384
DUMPSTERS		150
ERICK TANGNESS LABOR		1,500
GIFT CARDS		6,400
HEARTLAND TICKET BOOTH		650
RANDY GUARDIAN LABOR		1,500
SEAN COLLINS LABOR		1,500
T J MICHAELS LABOR		1,500
Total:	\$	15,084

2 \boxtimes (h) Purpose of grant OMB No 1545-0047 Open to Public ⊠ Yes Inspection 2009 Employer identification number 71-0718954 non-cash assistance (g) Description of Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to (book, FMV, appraisal, 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Governments, and Individuals in the United States ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section ıf applicable Part IV and Schedule I-1 (Form 990) if additional space is needed Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (S) BENTONVILLE BREAKFAST LIONS CLUB Enter total number of other organizations 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part II

Schedule I (Form 990) 2009

EEA

71-0718954 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. BENTONVILLE BREAKFAST LIONS CLUB Schedule I (Form 990) 2009 Part III

Page 2

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. non-cash assistance (d) Amount of EEA (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990.

Open to Public inspection Employer identification number

BENTONVILLE BREAKFAST LIONS CLUB	71-0718954
01. Form 990 governing body review (Part VI, line 11)	
THE DIRECTORS AND MEMBERS REVIEWED THE RETURN AT THIER NORMAL WEEKLY	BREAKFAST MEETINGS.
THE HAUNTED HOUSE WHICH IS THIER BIGGEST INCOME PRODUCER FOR THE CLU	
DECIDED TO	
USE SOME FUNDS TO BUY ADDITIONAL MATERIALS NEEDED TO MAKE THE NEXT	YEARS EVENT EVEN MORE
SUCESSFUL	
02. Governing documents, etc, available to public (Part VI, line 19)	
ALL RECORDS ARE AVAILABLE IN PAPER FORM APON REQUEST AT ANY TIME.	

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	7 THE MET SEPTEMBER OF THE PROPERTY OF THE PRO		
If you are fi	ing for an Automatic 3-Month Extension, complete only Part I and check this box		> 🗓
• If you are fi	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of	this form).	
Do not compl	ete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Form 8868	3.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corporation in Part I only	equired to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	mplete	▶ □
	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request		
	me tax returns.	an extension of	
one of the retu electronically in returns, or a co	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exten rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file form 990-T), the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed pages details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & least 10 percent and 10 percent 10	Form 8868 or 8870, group e 2 (Part II) of F	
Type or	Name of Exempt Organization	Employer id	lentification number
print	BENTONVILLE BREAKFAST LIONS CLUB	71-07189	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	1 ; = 3 ; = 3 ;	
due date for filing your	1304 NE 10TH STREET		
retum See	City, town or post office, state, and ZIP code For a foreign address, see instructions.		
instructions	BENTONVILLE, AR 72712		
Check type of	return to be filed (file a separate application for each return)		
X Form 990	Form 990-T (corporation)	☐ Form 4720	
☐ Form 990-E		Form 5227	
Form 990-E		Form 6069	
Form 990-F		Form 8870	
• The books	are in the care of TERRY FRANKLIN 1304 NE 10TH STREET, AR 72712		
Telephone	No ▶ <u>479-273-1651</u> FAX No. ▶		
If the organ	zation does not have an office or place of business in the United States, check this box		▶ 🗍
		. If this is	
for the whole g	roup, check this box ▶ 🗌 . If it is for part of the group, check this box . ▶ 🔲 and attach		
a list with the r	ames and EINs of all members the extension will cover.		
1 I reques	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		
until	08-16 , 20 10, to file the exempt organization return for the organization named above	. The extension	is
for the o	rganization's return for:		
▶ 🗓 c	alendar year 20 09 or		
► 🗌 ta	x year beginning, 20, and ending	, 20	
2 If this tax	x year is for less than 12 months, check reason	in accounting p	eriod
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	nonrefundable credits. See instructions	3a	\$
b If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
	s made Include any prior year overpayment allowed as a credit.	3ь	\$
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
	See instructions	3c	\$
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		<u> </u>
for payment in:		30.0 -0	