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## Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The corporation may be to the section of t ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

			lendar year, or tax year beginning	<u>JUL 1, </u>	<u> 2009</u>		and end		_30,	2010
B 	Check if applicab Addres change	ote Piease SS use IRS	C Name of organization					D	Employer	identification number
F	Name Change	label or print or	MOUNT DESERT ISLAND	LIONS C	HARTTT	ī.S			01-0	490417
F	Initial		Number and street (or P.O. box, if mail is i				ĪF	Room/suite E		e number
Ē	Termin- Specific D O BOX 180								-244-7104	
F	ated Amer return	nded tions	City or town, state or country, and ZIP + 4	,				F	Group Ex	
Ē	Applic		SOUTHWEST HARBOR, ME	04679	-0180				Number	•
			(3) organizations and 4947(a)(1) nonexempt			a com	pleted	G Accountin		
			Schedule A (Form 990 or 9				•	Other (spe		
ī	Websit	te: ▶ <u>N /</u>	A					H Check	X ıf	the organization is not
<u>J</u>	Tax-ex	empt status	(check only one) $ \times$ 501(c) (3)	◀ (insert no.)	4947(a)(1	) or	<u></u> 527	required to at	tach Sche	dule B (Form 990, 990-EZ, or 990-PF)
K	Check	▶ 🔲 if	the organization is not a section 509(a)(3) suj	pporting organiz	ation <b>and</b> its gr	oss re	ceipts are	normally <b>not</b> me	ore than \$	625,000. A Form 990-EZ or
		Fo	orm 990 return is not required, but if the organ	nization chooses	to file a return,	be su	ire to file a	complete returr	١.	
			nd 7b, to line 9 to determine gross receipts; if						<b></b> §	
Р	art I	Rever	nue, Expenses, and Changes in	ı Net Asset	s or Fund	Bala	ances (S	See the instructi	ons for Pa	
	1	Contributio	ns, gifts, grants, and similar amounts received	d					_ 1	2,805.
	2	=	ervice revenue including government fees and	l contracts					2	
	3		ip dues and assessments						3	3,780.
	4	Investment			ı	_ !	!		4	38.
	1		unt from sale of assets other than inventory			5a				
_			or other basis and sales expenses			5b			┥.	
۱.	780		ss) from sale of assets other than inventory (S			. <b>.</b>			_ <u>  5c</u>	
٨	0~		hts and activities (complete applicable parts on the control of th	of contribi		irom	gamıng, cı	neck nere 🖊 🗀		
Į,		reported of		01 contains	uuons	6a		59,508	a	
≥			t expenses other than fundraising expenses		<u> </u>	6b		28,384		
KECEI/KENDue			or (loss) from special events and activities (S	Subtract line 6b f	rom line 6a)	00		20,50	6c	31,124.
ا ہ		1 = 1	s of inventory, less returns and allowances	, , , , , , , , , , , , , , , , , , , ,		7a	1		"	
21	33	Less Cost	of goods sold		Ī	7b			_	
			it or (loss) from sales of inventory (Subtract li	ne 7b from line 7	<sup>7</sup> a)				7c	
_	358		nue (describe ►		•				) 8	
_	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	37,747.
	10	Grants and	similar amounts paid (attach schedule)		\$	STM	т 2		10	26,082.
	11	Benefits pa	id to or for members						11	
es	12		ther compensation, and employee benefits						12	
penses	13		al fees and other payments to independent co	ntractors					13	1,085.
Exp	14		, rent, utilities, and maintenance						14	27.1
_	15		ublications, postage, and shipping		<b>0</b> 1		0m2 m=		15	264.
	16		nses (describe >		Si	<u>EE</u>	STATE	EMENT 1		1,232.
<b>,</b> —	17		nses Add lines 10 through 16					,	17	28,663.
ts (	18 19		(deficit) for the year (Subtract line 17 from line or fund balances at beginning of year (from lii						18_	9,084.
SSe	13		e with end-of-year figure reported on prior ye		1))				19	26,481.
Net Assets	20		ges in net assets or fund balances (attach exp	,					20	20,401.
ž	21		or fund balances at end of year. Combine line	•					≥ 21	35,565.
P	art II		ce Sheets. If Total assets on line 25, col			re. file	Form 990	instead of Form		33,303,
۰			(See the instructions for Part II.)	<u>σ (Σ) αισ φ ιμ</u>		· · · · · · · ·		Beginning of ye		(B) End of year
22	2 Cas	sh, savıngs. :	and investments				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	26,48		
23		nd and buildi						,	23	
24		ner assets (d	_			_	)	•	24	
2		tal assets	-					26,48		
26	5 Tot	tal liabilities	(describe >				)		0.26	0.
27	7 Net		und balances (line 27 of column (B) must agr	ee with line 21)				26,48	31.27	35,565.
93	2171 -08-10		or Privacy Act and Paperwork Reduction Act		separate instr	uction	s			Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) MOUNT DESERT ISLAND LIONS	CHARITIES		01-	04904	. 17 Page 2
Part III Statement of Program Service Accomplishmen	its (See the instructions for				xpenses
What is the organization's primary exempt purpose? SEE STATEMENT	4	· · · · · · · · · · · · · · · · · · ·		-1	or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purp		ica mannar dacari	ha.		4) organizations and
the services provided, the number of persons benefited, and other relevan			De	section 494 for others)	7(a)(1) trusts, optional
			<u> </u>	ior others)	
28 DONATIONS TO LOCAL NONPROFITS INCLU			<u>GH</u>		
SCHOOL, AND HEATING ASSISTANCE; 11	ORGANIZATION	<u>S</u>			
BENEFITED.				]	
(Grants \$ 10,587.) If this amount includes foreign g				28a	<u> 10,587.</u>
29 CONTRIBUTIONS TO THE MAINE COMMUNIT	Y FOUNDATION				
SCHOLARSHIP TRUST FUND					
<del></del>					
(Grants \$ 6,300.) If this amount includes foreign g	rants check here		$\Box$	29a	6,300.
30 EDUCATIONAL POST SECONDARY EDUCATIO		S: FOUR			0,3001
	M DCHODENSHIE	5; FOOR			
SCHOLARSHIPS GIVEN					
	<del></del>		_		
(Grants \$ 3,720.) If this amount includes foreign g		<u> </u>		30a	<u>3,720.</u>
31 Other program services (attach schedule) SEE STATEMENT	5				
(Grants \$ 5,473.) If this amount includes foreign g	rants, check here			31a	5,473.
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	26,080.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (	(See the		for Part IV )
· · · · · · · · · · · · · · · · · · ·		,		ntributions	<del></del>
	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0- )	I .	eferred	other allowances
			com	pensation	<u> </u>
	PRESIDENT				
PO BOX 1001, MOUNT DESERT, ME 04660	3.00	0.		0.	0.
DWAYNE NORWOOD	VICE PRESIDEN	T			
PO BOX 5223, ELLSWORTH, ME 04605	2.00	0.		0.	0.
	SECRETARY/TRE				1
HARBOR, ME 04679	3.00	0.		0.	0.
	DIRECTOR	0.			<del>  ••</del>
		•		^	
26 NORWOOD LANE, BAR HARBOR, ME 04609		0.	$\vdash$	0.	0.
	DIRECTOR			_	_
PO BOX 33, NORTHEAST HARBOR, ME 04662		0.	<u> </u>	0.	0.
TYLER E PROCTOR III	DIRECTOR				ļ
PO BOX 565, BAR HARBOR, ME 04609	1.00	0.	}	0.	0.
EDD HAMOR	DIRECTOR				
PO BOX 100, MOUNT DESERT, ME 04660	1.00	0.		0.	0.
	DIRECTOR				
MOUNT DESERT, ME 04660	1.00	0.		0.	0.
	DIRECTOR	0.	-		<u> </u>
			1	^	
MOUNT DESERT, ME 04660	1.00	0.		0.	0.
THOMAS FARLEY, PO BOX 891, SOUTHWEST					Ì
HARBOR, ME 04679	1.00	0.	<u> </u>	0.	0.
THOMAS FERNALD	DIRECTOR				
PO BOX 53, MOUNT DESERT, ME 04660	1.00	0.		0.	0.
BRIAN HAMOR	DIRECTOR				1
PO BOX 120, MOUNT DESERT, ME 04660	1.00	0.		0.	0.
20 2011 220 1100111 2202111 112 0 200	2000				
<del>.</del>					1
			$\vdash$		<del> </del>
			<del></del>		<del> </del>
					_
					1
	1	I	l		

33 Did the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity 34 Were any changes and do the organization or governing documents? If "Fes," attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on Irse 28, and 73 (among others), but not reported on Form 900-1, attach a statement explaining why the organization of the report the income on Form 990-1.  36 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  36 If Yes, Tomplet applicable parts of Sch. N  37 Either amount of political expenditures, direct or indirect, as described in the instructions.  38 J X  39 Did the organization between from 1120-PLI for this year?  39 Did the organization between from, or make any storas to, any officer, director, trustee, or key employee or were any such losas made in a prior year and still outstanding at the end of the period covered by this return?  39 If Yes, Complets Schedule I, Petr II and enter the total amount involved  39 Section 501(c)(?) organizations. Enter amount of tax imposed on the organization during the year unders.  39 If Yes, Complets Schedule I, Petr II and enter the total amount involved  39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year unders.  39 J N/A  39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction this nation the same that the transaction of the programization and programination managers or disqualted persons during the year under section 4912 M O 1; section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 400 reministed by the organizations. At any time during the last year, was the organization appears to a sepinature or other authority over a himanocial account in a form 886-1  40 Exception 495	٠٠٠	(Note the statement requirements in the instructions for Part V.)		Yes	No
34 Were any changes made to the organization or governing documents? If "res," attach a conformed copy of the changes If the organization had accose from bisuness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of not report the income on Form 990-T.  35 If the organization had accose from bisuness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining which is provided to the complete applicable parts of Sch. N  36 If the random of Ports 990-T for this year?  37 If the random of political expenditures, direct or indirect, as described in the instructions.  38 If the organization life Form 1120-PU. for this year?  39 If the organization is provided in the production of the instructions.  39 If the organization is provided in the production of the production of the structions.  30 If the organization is provided in the production of the structions.  31 If the organization is provided in the production of the production of the struction of the production of the	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes." attach a detailed description of each activity	33		_
35 If the organization had income from business advistes, such as those reported on innes 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T.  1 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  1 If "Yes," has fided a tax return on Form 990-T for this year?  3 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  3 Einter amount of political expenditures, direct or indirect, as described in the instructions.  3 Did the organization form 1120-PUL for this year?  3 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 outstanding at the end of the period covered by this return?  3 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 outstanding at the end of the period covered by this return?  3 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 outstanding at the end of the period covered by this return?  3 Did the organization or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  3 Did the organization or make any loans to the prior of the period of the period of the period of the period of the organizations. Enter amount of tax mosed on the organization director, and that the transaction during the year of the period o		· · · · · · · · · · · · · · · · · · ·			
reported on Form 990-T, attach a statement explaning why the organization dutinot report the income on Form 990-T,  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy lax requirements?  b If "Yes," has it filed a fair return on Form 990-T for this year?  complete applicable parts of SCh, N  358	35				
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  1 If Yes, has it field a tax return on Form 990-T for this year?  2 If Yes, has it field a tax return on Form 990-T for this year?  3 If If Yes, has it field a tax return on Form 990-T for this year?  3 If We organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete approaches parts of Stor. N  3 If If Yes, Store it is a store of the organization in the instructions.  3 If Yes, Store it is a store organization the form 1120-PCL for this year?  3 If Yes, Store it is a store organization the form 1120-PCL for this year?  4 If Yes, Complete Schedule L, Part II and enter the total amount involved or interest and capital contributions included on line 9  4 If Yes, Yes, Complete Schedule L, Part II and enter the total amount involved or is section 4911 ► O.; section 4912 ► O.; section 4913 ► O.					
and proxy tax requirements?    Mit Mex.* has it filed a tax return on Form 990-T for this year?   Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N   A	а				
b If Yes, 'nase if field a fax return on Form 990-T for this year?  8 Did the organization undergo a liquidation, dissolution, dissolution, dissolution, dissolution, dissolution, dissolution, dissolution, dissolution, dissolution in 120-PQL for this year?  9 Tare in a mount of political expenditures, direct or indirect, as described in the instructions.    9 Did the organization file Form 1120-PQL for this year?  9 Did the organization file Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for this year?  9 Did the organization for Form 1120-PQL for form 1120-PQL for form 1120-PQL for form 1120-PQL form	_		35a		х
38 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If *Yes,* complete applicable parts of Sch. N.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.  bid the organization bid fee from 1120-PLO. for this year?  38 bid the organization bid fee from 1120-PLO. for this year?  38 bid 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 outstanding at the end of the period covered by this return?  bid fees, complete Schedule L, Part II and enter the total amount involved  38 bid N/A  38 Section 501(c(Y) organizations. Enter:  a Initiation fees and capital contributions included on line 9  bid Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year or is it 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 organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under:  c Section 501(c)(3) and 501(c)(4) organizations. 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 8866-T  1 List the states with which a copy of this return is filed. ▶ NONE  1 List the states with which a copy of this return is filed. ▶ NONE  1 Located at ▶ PO BOX 561, SOUTHWEST HARBOR, ME  2 Located at ▶ PO BOX 561, SOUTHWEST HARBOR, ME  2 If *Yes,* enter the name of the foreign country; ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  1 If *Yes,* enter the name of the foreign country; ▶	Ь			N/	
complete applicable parts of Sch. N  7a Enter amount of pothcal expenditures, direct or indirect, as described in the instructions.  ▶ 137a Enter amount of pothcal expenditures, direct or indirect, as described in the instructions.  ▶ 137a Enter amount of pothcal expenditures, direct or indirect, as described in the instructions.  ▶ 137a Enter amount of pothcal expenditures, direct or indirector, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  ▶ 177es, complete Schedule L, Part II and enter the total amount involved  \$\$38b N/A\$  \$\$8cbion 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9b N/A\$  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9a N/A\$  \$\$9b N/A\$  \$\$9a					
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.    Did the organization like Form 1120-PCL for this year?  37b 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 outstanding at the end of the period covered by this return?  If Yes,* complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, or public use of club facilities  38a N/A  39 Section 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. b Section 501(c)(3) organizations. Did the organization engage in any section 4958 texases benefit transaction during the year or is it 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-E27 If Yes,* complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 886-T  List the states with which a copy of this return is filed. ▶ NONE  11 List the states with which a copy of this return is filed. ▶ NONE  22			36		х
b Did the organization file Form 1120-POL for this year?  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 outstanding at the end of the period covered by this return?  b If Yes, 'complete Schedule L, Part II and enter the total amount involved  38 b N/A  39 Section 501(e)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39 b N/A  40 a Section 501(e)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4955 ▶ 0.  b Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction or any of the organizations prior Form \$990 or 990-E27 II **Yes,' complete Schedule L, Part I 40 b X  c Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  C Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  A Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  A Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  A Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons the year and section 501(e)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons the year and the text that the tax imposed on organization manager	37 a	$\mathbf{i}$	_		
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 outstanding at the end of the period covered by this return?  38 b N/A  39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it 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 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T  List the states with which a copy of this return is filed. ► NONE  10 Expenditure of the section of the organization have an interest in or a signature or other authority over a financial account in a foreign country; Expenditure or other authority over a financial account in a foreign country; Expenditure of the use o			1		х
n a prior year and still outstanding at the end of the period covered by this return?  b if Yes,* complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter:  a control (c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is t waver that it engaged in an excess benefit transaction with a disqualified person in an prory year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or ist sections 4912 (495, and 4958)  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or ist sections 4912 (495, and 4958)  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization organization as party to a prohibited tax sheller transaction? If Yes,* complete Form 8886-T  1 List the states with which a copy of this return is filed. ▶ NONE  2 The organization's books are in care of ▶ MICHAEL SMITH Telephone no. ▶ 207-479-3123  Located at ▶ PO BOX 561, SOUTHWEST HARBOR, ME  2 The organization's books are in care of ▶ MICHAEL SMITH Telephone no. ▶ 207-479-3123  Located at ▶ PO BOX 561, SOUTHWEST HARBOR, ME  2 The profit calculation of the organization was an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirement		·			
b if "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  a Initiation Res and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911			38a		X
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 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.  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-E72 li l'Yes,* complete Schedule L, Part I  40b	b				
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Section 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.  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it 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  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  11. List the states with which a copy of this return is filled. ▶ NONE  12. The organization's books are in care of ▶ MICHAEL SMITH Telephone no. ▶ 207-479-3123  13. Located at ▶ PO BOX 561, SOUTHWEST HARBOR, ME ZIP+4 ▶ 04679  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; Images and the state of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶ 3. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  13. VA  14. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  14. Section 591(5)(13)(13)(13)	a	Initiation fees and capital contributions included on line 9			
section 4911 \( \)	b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	]		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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  40b  X  8 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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  8 All List the states with which a copy of this return is filed. ► NONE  11 List the states with which a copy of this return is filed. ► NONE  12 It be organization's books are in care of ► MICHAEL SMITH  13 Located at ► PO BOX 561, SOUTHWEST HARBOR, ME  14 It be during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial account in a foreign country; Lifes, enter the name of the foreign country: ►  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  16 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  17 Section 1990-EZ  18 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	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
year or is it 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  40b X  40b X  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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  41c List the states with which a copy of this return is filed. ► NONE  42a The organization's books are in care of ► MICHAEL SMITH  Located at ► PO BOX 561, SOUTHWEST HARBOR, ME  21P + 4 ► 04679  42b 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: See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.  42c X  42c X  42c X  42c X  43		section 4911 ▶	ŀ		
has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. 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  List the states with which a copy of this return is filed.  NONE  10	b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
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d Section 501(c)(3) and 501(c)(4) organizations. 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  40e  X  41  List the states with which a copy of this return is filed. ► NONE  42a The organization's books are in care of ► MICHAEL SMITH  Located at ► PO BOX 561, SOUTHWEST HARBOR, ME  52iP+4 ► 04679  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 N/A  45 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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 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 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	C			1	
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.  NONE  142 The organization's books are in care of  MICHAEL SMITH  Telephone no.  207-479-3123  Located at PO BOX 561, SOUTHWEST HARBOR, ME  179 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 accounts?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  143 N/A  144 N/A  15 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  15 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	d				
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.  NONE  120 The organization's books are in care of MICHAEL SMITH Telephone no.  1207-479-3123  Tocated at PO BOX 561, SOUTHWEST HARBOR, ME  121P+4 04679  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:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  122 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  123 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  124 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  125 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  125 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					
List the states with which a copy of this return is filed. ► NONE  1207-479-3123  Located at ► PO BOX 561, SOUTHWEST HARBOR, ME  121P+4 ► 04679  131P+4 ► 04679  142b	е				
The organization's books are in care of Located at PO BOX 561, SOUTHWEST HARBOR, ME  Located at PO BOX 561, SOUTHWEST HARBOR, ME  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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 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 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		·	40e		X
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Form 990-EZ (2009)

Pari	Section 501(c)(3) organizations and section 49 organizations and section 4947(a)(1) nonexempt charitable tr and 51						
<b>46</b> D	Did the organization engage in direct or indirect political campaign activities on	behalf of or in opposition to c	andidates for public			Yes	No
0	office? If "Yes," complete Schedule C, Part I				46		X
<b>47</b> D	old the organization engage in lobbying activities? If "Yes," complete Schee	dule C, Part II			47		X
48 19	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E			48		X
<b>49a</b> D	Old the organization make any transfers to an exempt non-charitable related or	ganization?		1	49a		X
	f "Yes," was the related organization a section 527 organization?			Į	49b		
	Complete this table for the organization's five highest compensated employees han \$100,000 of compensation from the organization. If there is none, enter "l		s, trustees and key e			eived i	nore
	(a) Name and address of each employee paid more than \$100,000  NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e	count r allow	
	Fotal number of other employees paid over \$100,000	<b>&gt;</b>					
	Complete this table for the organization's five highest compensated independe organization. If there is none, enter "None."  NONE	nt contractors who each recei	ved more than \$100,	,000 of compensa	ition fr	om the	;
	(a) Name and address of each independent contractor paid more th	nan \$100,000	(b) Type of ser	vice (c	) Com	pensat	ion
						_	
d T	Total number of other independent contractors each receiving over \$100,000		<b>&gt;</b>				
Sign Here	Under penalties of pownry, I declare that I have examined this feturn, including accordect, and complete Deberation of preparer (other than efficier) is based on all info	ormation of which preparer has any	ts, and to the best of my knowledge	y knowledge and bel	ief, it is	true,	
<u> </u>	Type or print name and title	REASURER					
Paid Prepai Use Or	nly GOGMON C NG TGAAG GDA!	09/01/10 emp	oloyed	arer's identifying nu	mber (S	ee instr	)
	firm's name (or yours it self-employed), address, and ZIP+4  COSTON & MC ISAAC, CPA'  38 RODICK ST.  BAR HARBOR, ME. 04609	ی	Phon no.		288	-94	 58
May th	ne IRS discuss this return with the preparer shown above? See instructions				Ye	-	No

## SCHEDULĘ A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

Employer identification number

		MOUNT D	ESERT ISLAND	LION	S CHA	RITIE	<u>S</u>		01	-0490	417	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions				
The organ	ization is not a	private foundation	because it is (For lines 1	1 through	11, check	only one b	ox)				_	
1 🔲	A church, co	nvention of churches	s, or association of church	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2 🗀			<b>'0(b)(1)(A)(ii).</b> (Attach Sc									
з 🔲			tal service organization of			170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ıe,
	city, and stat	e:										
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental unr	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗌	A federal, sta	ite, or local governme	ent or governmental unit	t described	d ın <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 🔲	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	rıbed ı	ın
	section 170	b)(1)(A)(vi). (Comple	te Part II)									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizat	on that normally rec	eives <sup>.</sup> (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, and	d gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross	ınvest	ment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon at	ter June 3	0, 197	<b>′</b> 5.
	See section	<b>509(a)(2).</b> (Complete	Part III)									
10 🔲	An organizat	on organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).				
11	An organizat	on organized and or	perated exclusively for th	ne benefit (	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	urposes o	f one	or
	more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2) See <b>se</b> o	ction 509(a	a)(3). Chec	k the box	that	
		- · · · ·	organization and comple	ete lines 1	1e through	11h.						
	a Type	b	J Type II c	с 🔲 Тур	e III - Fund	tionally int	tegrated		d	Type III - C	Other	
e	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er tha	.n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ıi) and (ı	ιιί) below,		Yes	_No
	-	• •	upported organization?							11g(i)		
		•	n described in (i) above?							11g(ii)		
		•	person described in (i) of							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
		<del></del>	/iii) Type of	L		I		() (-	46.			
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			Torganizatio	on in col. I	(vii) Am	ount o	f
org	anızatıon		(described on lines 1-9		document?			(i) organız U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	,	Yes	No	Yes	No			
			(acc manadadas)	163	140	163	140	163	140		_	
	<del></del>				<u> </u>	<del>                                     </del>						
						<del>                                     </del>				_		
		<del> </del>							<del>                                     </del>		_	
							<u> </u>					
						_			<del>                                     </del>			
						1						
						-	<del> </del>		<del>                                     </del>			
Total						1	j					
	Privacy Act ar	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for		1	Schedul	e A (Form	990 or 99	0-EZ1	2009
	,										/	

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009 rt II Support Schedule for	•			0(b)(1)(A)(iv) an	d 170(b)(1)(A)(	Page 2
_	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I)	·			
Sec	tion A. Public Support	<del></del>		1	<del>,                                      </del>	<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u></u>	_	_
4	Total. Add lines 1 through 3						
5	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 shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4					<u> </u>	
Sec	ction B. Total Support				<del></del>		<del> </del>
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					}	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				ļ	<del> </del>	
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	. $\square$
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u>▶</u>
14	Public support percentage for 2009 (			column (fl)		14	%
15	Public support percentage from 2008		-	00.0 (.,,,		15	%
	33 1/3% support test - 2009.If the o			n line 13 and line	14 is 33 1/3% or n	<del></del>	
100	stop here. The organization qualifies				111000 11010	noro, orrook and be	<b>•</b>
r	33 1/3% support test - 2008.If the o		-		d line 15 is 33 1/3%	6 or more, check th	us box
_	and stop here. The organization qual						▶□
17:	10% -facts-and-circumstances tes	•	•		e 13. 16a. or 16b.:	and line 14 is 10%	or more.
116	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					are iv move and organ	<b>▶</b> □
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						▶ □
18	Private foundation. If the organization						ns 🚡
					<del></del> _	edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2009 MOUNT DESERT ISLAND LIONS CHARITIES 01-0490417 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not 149,906. 47,395 6,585. include any "unusual grants.") 42,381 43,365 10,180. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 101,016. 41,508. 59,508. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 66,093. 42,381 43,365 47,395. 51,688 250,922. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 250,922. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (d) 2008(e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (f) Total 42,381 47,395 51,688 66,093 43,365. 250,922. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 7,804 489 27 38. 10,238. 1,880 and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 27. 10,238. 1,880 7,804 489. 38 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 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) 44,261 51,169. 47,884. 51 715. 66 131 160. 13 Total support (Add lines 9, 10c, 11, and 12) 14 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 96.08 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 95.15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 3.92 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 4.85 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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  $\triangleright |X|$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 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

## **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** 

MOUNT DESERT ISLAND LIONS CHARITIES 01-0490417 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009 MOUNT DESERT ISLAND LIONS CHARITIES 01-0490417 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF (add col. (a) through SUPER SUPPERTOURNAMENT col. (c)) (event type) (event type) (total number) 1 Gross receipts 21,485 17,445 16,954 55,884. 2 Less: Charitable contributions 16,954. 21,485. 17,445. Gross income (line 1 minus line 2) 55,884. 8,050 8,050. Cash prizes 1,650. 1,650. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 3,612. 3,612. 5,684 985. 2,400 7 Food and beverages 9,069. 1,000. 8 Entertainment 1,000. 533 69. 9 Other direct expenses 602. 23,983 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 31,901. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses % Yes % Yes Yes % 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b if "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 MOUNT DESERT_ISLAND_LIONS_CHARITIES01	<u>-049(</u>	<u>)41</u>	<u>7 Ра</u>	age 3
		_		Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	a The organization's facility	%			
b	An outside facility	%	ŀ		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		İ		
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
c	If "Yes," enter name and address of the third party	ļ			
		ļ			
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	ļ	17a		<u> </u>
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	ie			
	organization's own exempt activities during the tax year ▶ \$		İ		

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
OTHER GENERAL AND ADMINISTRAT BANK FEES	IVE		1,2	22. 10.
TOTAL TO FORM 990-EZ, LINE 16			1,2	32.
FORM 990-EZ CASH	GRANTS AND ALLOCAT	rions	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S N	AME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	т
NATIONAL ORGANIZATION DUES LION CLUBS INTERNATIONAL		NONE	2,3	16.
DISTRICT DUES DISTRICT DUES		NONE	4	68.
DONATIONS TO LOCAL NONPROFITS VARIOUS LOCAL NONPROFITS	5	NONE	10,8	89.
DONATIONS TO LOCAL NEEDS KELLY PROJECT		NONE	5	00.
EYE CARE VARIOUS		NONE	1,8	89.
COLLEGE SCHOLARSHIPS VARIOUS		NONE	10,0	20.
TOTAL INCLUDED ON FORM 990-EZ	z, LINE 10		26,0	82.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	PATEME	NT	3
A)	DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[ ]	YES [	x]	NO
B)		ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [ ]	YES [	X]	NO

990-EZ PG 2 STATEMENT 4

CONTRIBUTIONS TO LOCAL, AND OTHER STATE OF MAINE, CHARITABLE, EDUCATIONAL, AND HEALTH-RELATED ORGANIZATIONS; AND TO FAMILIES AND INDIVIDUALS ON MOUNT DESERT ISLAND IN FINANCIAL NEED.

FORM 990-EZ OTHER PROGRAM SERVICES	នា	PATEMENT 5
DESCRIPTION	GRANTS	EXPENSES
CONTRIBUTIONS FOR EYECARE TO LOW INCOME INDIVIDUALS; 13 INDIVIDUALS BENEFITED.	1,889.	1,889.
INDIVIDUAL DONATIONS TO LOW INCOME FAMILIES AND INDIVIDUALS IN NEED; AND KELLY PROJECT	800.	800.
DUE PAID TO LIONS CLUB INTERNATIONAL	2,316.	2,316.
DUES PAID TO LIONS DISTRICT	468.	468.
TOTAL TO FORM 990-EZ, LINE 31	5,473.	5,473.