

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



Form **990-EZ** Department of the Treasury

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 OMB No 1545-1150

Open to Public Inspection

Internal Revenus Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. JUN 30, 2010 For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending Check if applicable C Name of organization D Employer identification number Please use IRS Address change label or]Name change NAPERVILLE NOON LIONS FOUNDATION 20-2371914 print or type Room/suite E Telephone number Initial Number and street (or P.O. box, if mail is not delivered to street address) Specific POST OFFICE BOX 282 630-355-3556 Instruc-Amended return City or town, state or country, and ZIP + 4 F Group Exemption Application NAPERVILLE, IL 60566-0282 Number > G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) = LX = 501(c) (3) (insert no.) L = 4947(a)(1) or L = 1000___ 527 Check Life the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 2,519. Investment income Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 238,152. 6a 69,767. b Less: direct expenses other than fundraising expenses 168,385. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe MISCELLANEOUS 496. 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 146,532 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent confrac 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe MISCELLANEOUS 1,739. 16 148,271. 17 Total expenses Add lines 10 through 16 17 23,129. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 90,327. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 113,456. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 90,327. 113,456. 22 Cash, savings, and investments 23 23 Land and buildings Other assets (describe 24 24 90,327. 113,456. 25 Total assets 25 Total liabilities (describe 26 0. 26 90,327. 113,456. Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990-EZ (2009)	NDATION		20-	23719	14 Page 2
	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		E	xpenses
	at is the organization's primary exempt purpose? SEE STATEMENT				4	r section 501(c)(3)
				.b.a		l) organizations and
	scribe what was achieved in carrying out the organization's exempt pur			ibe	section 494 for others)	7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevant				for others)	
28	PAYMENT OF MEDICAL BILLS FOR NEEDY			<u> </u>		
	HEARING PROBLEMS AND DONATION OF FU		ZATIONS			
	THAT PROVIDE SERVICES TO NEEDY INDI	VIDUALS.				
	(Grants \$ 146,532.) If this amount includes foreign of	grants, check here	•		28a	146,532.
29	<u> </u>		·			
				$\overline{}$		
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30						
			-			
	(Grants \$) If this amount includes foreign of	grants check here	>		30a	
31	Other program services (attach schedule)	grante, encon nero				
٠.	, ,	uuamta ahaalihaua		\Box	31a	
	(Grants \$) If this amount includes foreign of	grants, cneck nere		_	-	146 522
	Total program service expenses (add lines 28a through 31a)	·		<u> </u>	32	146,532.
Pa	art IV List of Officers, Directors, Trustees, and Key E	:mployees. List each one ev	en if not compensated			
		(b) Title and average hours	(a) Componention		ntributions	(e) Expense
	(a) Name and address	per week devoted to	(c) Compensation (If not paid, enter		mployee	account and
	(b) Numb and address	position	-0)	1	fit plans & eferred	other allowances
		position	l • · · ,		pensation	Caron anovianous
D T	LL CORNISH, POST OFFICE BOX 282,	PRESIDENT		1	F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
			0.		0.	١ ،
	APERVILLE, IL 60566	1.00			<u> </u>	0.
	EN STRUGALLA, POST OFFICE BOX 282,	VICE PRESIDEN	1		_	_
<u>NA</u>	APERVILLE, IL 60566	1.00	0.		0.	0.
\overline{BI}	LL BLEECKER, POST OFFICE BOX 282,	TREASURER				
NA	APERVILLE, IL 60566	1.00	0.	ŀ	0.	0.
	ANE BOWERS, POST OFFICE BOX 282,	SECRETARY				
	APERVILLE, IL 60566	1.00	0.	ļ	0.	0.
147.	TIERVIEDE, ID 00500	1.00	•	1	<u> </u>	· ·
		4		ł		
				<u> </u>		
]		1		
				ł		
					•	
		1				
				1		
		1		ł		
		 		+		
	· · · · · · · · · · · · · · · · · · ·					
		ļ		↓		ļ
		1	1	1		
						<u> </u>
		1				
				t	<u> </u>	
		1		1		
				├		1
		4		1		
		1		<u> </u>		ļ
_				1]
]		1		
				t		<u> </u>
		1		1		
				\vdash		
		4				
		ļ		<u> </u>		_
]		ŀ		
ਧਾਨਾ	1/2					

Pa	ort V Other Information (Note the statement requirements in the instructions for Part V)		-	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; 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 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
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			l
	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			
е	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. IL			
42 a	The organization's books are in care of ▶ DR. WILLIAM BLEECKER Telephone no. ▶ 630-35			
	Located at ► 552 S. WASHINGTON STREET, NAPERVILLE, IL ZIP+4 ► 6	054	0-6	665
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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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	37 / 3		لــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			· ·	
4.4	Did the assessment or assessment and decreased found of 16 Private Const.		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-,		
AF	Form 990-EZ	44		X

Form 990-EZ (2009)

completed instead of Form 990-EZ

	organizations and section 4947(a)(1) nonexempt charitate and 513	ole trusts must answer question	ns 46-49b and con	nplete the table	s for line	s 50
46 Did	the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to d	andidates for public		Ye	s No
	:e? If "Yes," complete Schedule C, Part I		analogist to pasie	Γ		X
	the organization engage in lobbying activities? If "Yes," complete S	Schedule C. Part II		ŀ		X
	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Y		• • •	 		X
	the organization make any transfers to an exempt non-charitable relati			 		X
	es," was the related organization a section 527 organization?	od organization	•	⊢	-	- 11
50 Com	nplete this table for the organization's five highest compensated emplo in \$100,000 of compensation from the organization. If there is none, en		, trustees and key er	_		I ed more
	(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) Contributions to employee benefit plans & deferred compensation	(e) Ex	int and
					46 47 48 49a 49b who each received in account a other alloware alloware attorn from the (c) Compensation from the account a other alloware attorn from the first from the f	-
51 Com	al number of other employees paid over \$100,000 Inplete this table for the organization's five highest compensated independent in the service of the servic		ved more than \$100,	· 		
d Tota	Il number of other independent contractors each receiving over \$100,0	000	>			<u> </u>
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a Signature of officer William J Bleecker Tro	a accompanying schedules and statemen all information of which preparer has any	ts, and to the best of my knowledge	knowledge and beli // Nev 2 Date	ef, it is true	
Paid Preparer's Use Only	Preparer's signature	Date Che	ck if self- loyed Prepared EIN Phone		nber (See II	nstr)
	address, and ZIP+4 OAK BROOK, IL 60523-8	835	no.		4-14	.00
May the IF	RS discuss this return with the preparer shown above? See instruction				_	☐ No
., ., .			_			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No 1545-0047

Department of the Treasury! Internal Revenue Service

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

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

Inspection **Employer identification number**

Name of	the organizat							E	mployer i	dentificati	on nun	nber
-		NAPERVI	LLE NOON LIC	ONS FO	PACINO	ION			20)-237 <u>1</u>	914	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t) See ins	tructions.				
The organ			because it is: (For lines	_		-	-					
1 📙	A church, co	nvention of churche	s, or association of chur	rches desc	inbed in se	ection 170)(b)(1)(A)(i).				
2			'0(b)(1)(A)(ii). (Attach So	-								
3 ├─	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 📖			operated in conjunction	with a hos	spital desc	ribed in s e	ection 170	(b)(1)(A)(i	iii). Enter tl	he hospital	's name	∍,
	city, and stat											
5 📖			benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental ur	nt describe	ed in		
• 🗀		(b)(1)(A)(iv). (Comple	•									
6			ent or governmental un									
7 📖			eives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general p	oublic desc	ribed in	1
. \Box		b)(1)(A)(vi). (Comple	•	(0	D- 4 II \							
8 L 9 X			ection 170(b)(1)(A)(vi).									
J LAAL			eives: (1) more than 33									
			nctions - subject to certa axable income (less sec							-		
		509(a)(2). (Complete		don 5 i i ta	1X) 11O111 DC	1511165565	acquireu L	by trie org	amzauon a	iller June 3	0, 1975	э.
10			perated exclusively to te	est for nubi	lic safety !	See sectio	n 509/a\/	4)				
11			perated exclusively for the						rv out the	numoses c	one o	or
			ations described in secti						-			•
			organization and compl				- ,		(-)(-)			
	а П Туре		_ `	с 🗀 Тур	_		tegrated		d 🗀	Type III - C	Other	
е 🔲	By checking	this box, I certify tha	it the organization is not	t controlled	d directly o	r indirectly	y by one o	r more dis	squalified p	persons oth	ner than	1
	foundation m	nanagers and other t	han one or more publict	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or s	section 509	ı(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS th	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 ai	ny gift or c	ontribution	n from any	of the foll	owing pei	rsons?			
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and	(III) below,		Yes	No
	the gov	eming body of the si	upported organization?							11g(i)	\longmapsto	
	-		n described in (i) above?		-					11g(ii)	\vdash	
_		<u>-</u>	person described in (i)							11g(iii)	igsquare	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
	.		(iii) Type of	To see		1		[()	- tha			
• •	of supported	(ii) EIN	organization		organization sted in your			Lorganizati	ion in col. I	(vii) Am		
orga	anization		(described on lines 1-9		document?			(i) organi U.S	zed in the	sup	port	
		•	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(103	''	103	110	103	110	-	——	
									 -			
				İ								
											•	
_												
<u>Total</u>				I		L	I		1 1			

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

						•
Schedule A (Form 990 or 990-EZ) 2009						Page 2
Part II Support Schedule for	-			(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)
(Complete only if you checked	the box on line 5	5, 7, or 8 of Part I)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
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,					<u> </u>	
column (f)						
6 Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	<u> </u>		
Section B. Total Support		1	т	T	, 	,
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		<u> </u>				
9 Net income from unrelated business						
activities, whether or not the			1	·		
business is regularly carried on		<u> </u>			-	
10 Other income. Do not include gain		i				ı
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	-4- /		<u> </u>	L	10	
12 Gross receipts from related activities,	•	•			12	
13 First five years. If the Form 990 is for		s tirst, secona, thii	α, τουπη, or τίπη τα	ax year as a section	on 501(c)(3)	- □
organization, check this box and stop Section C. Computation of Publi		rcentage				
14 Public support percentage for 2009 (li			column (fl)		14	%
15 Public support percentage from 2008		=	oo.amm (ijj		15	
16a 33 1/3% support test - 2009.If the or	•	•	n line 13, and line 1	14 is 33 1/3% or m		
stop here. The organization qualifies					.5.5, 5.1551(1.115 00.	▶ □
b 33 1/3% support test - 2008.If the or		-		line 15 is 33 1/3%	or more, check the	is box

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 NAPERVILLE NOON LIONS FOUNDATION 20-2371914 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.)

$\overline{}$	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ifts, grants, contributions, and						
	nembership fees received. (Do not	, 					
ir	clude any "unusual grants.")					<u> </u>	
n fo a	iross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the		215,831.	186,180.	211,962.	238,152.	852,125.
	rganization's tax-exempt purpose		213,031.	100,100.	211,502.	230,132.	032,123.
а	iross receipts from activities that re not an unrelated trade or bus- less under section 513						
						-	
IZ	ax revenues levied for the organ- ation's benefit and either paid to r expended on its behalf						
fu	he value of services or facilities umished by a governmental unit to						
	ne organization without charge		215,831.	186,180.	211,962.	238,152.	852,125.
	otal. Add lines 1 through 5 mounts included on lines 1, 2, and		213,031.	100,100.	ZII, 30Z.	230,132.	034,143.
	received from disqualified persons						0.
b A	mounts included on lines 2 and 3 received om other than disqualified persons that sceed the greater of \$5,000 or 1% of the						
	nount on line 13 for the year dd lines 7a and 7b						0.
							852,125.
	ublic support (Subtract line 7c from line 6.) ion B. Total Support		İ				032,123.
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	mounts from line 6	(4) 2000	215,831.	186,180.	211,962.	238,152.	852,125.
10a G d s	iross income from interest, ividends, payments received on ecurities loans, rents, royalties nd income from similar sources		9,066.	5,723.	1,355.	2,519.	18,663.
ъU	nrelated business taxable income					•	
a	ess section 511 taxes) from businesses equired after June 30, 1975		2.055			2 510	40.550
11 N a	dd lines 10a and 10b let income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on		9,066.	5,723.	1,355.	2,519.	18,663.
12 C	other income. Do not include gain r loss from the sale of capital				112.	496.	608.
	ssets (Explain in Part IV.) otal support (Add lines 9, 10c, 11, and 12)		224,897.	191,903.	213,429.		871,396.
	irst five years. If the Form 990 is for	the organization's	· · · · · · · · · · · · · · · · · · ·		·	•	
	heck this box and stop here		,	-,	,		▶ X
Secti	on C. Computation of Publ	ic Support Pe	rcentage				
15 P	ublic support percentage for 2009 (I	ine 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
	ublic support percentage from 2008	• • •	•	、 "		16	%
Secti	on D. Computation of Inves	stment Incom	e Percentage				
17 lr	vestment income percentage for 20	09 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 In	vestment income percentage from a	2008 Schedule A,	Part III, line 17			18	%
19a 3	3 1/3% support tests - 2009. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	nore than 33 1/3%, check this box ai						▶□
b 3	3 1/3% support tests - 2008. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
lır	ne 18 is not more than 33 1/3%, che	ck this box andst	op here. The organ	nization qualifies a	s a publicly suppo	orted organization	▶□
20 P	rivate foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions	▶□
					Sch	edule A (Form 99	0 or 990-EZ) 2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Inspection

Name of the organization

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

Employer identification number NAPERVILLE NOON LIONS FOUNDATION 20-2371914 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations b internet and email solicitations 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 fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) ontributions Yes 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.

932081 02-03-10

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

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 (add col. (a) through TURKEY TROT RIBFEST col. (c)) (event type) (event type) (total number) 181,915. 22,151 210,493. 6,427. Gross receipts 2 Less: Charitable contributions 181,915 22,151 6,427. 210,493. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 52,590 6,144 58,734. Other direct expenses 58,734 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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)) 27,659. 27,659. Gross revenue 10,000. 10,000. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 1,033 Other direct expenses 1,033. Yes % Yes Yes 6 Volunteer labor No 11,033, Direct expense summary Add lines 2 through 5 in column (d) 16,626. 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. IL X a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain X 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: X Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 NAPERVILLE NOON LIONS FOUNDATION 20-237	<u> 191</u>		
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a 100.00 % 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		Yes	No
Name ► DR. WILLIAM BLEECKER Address ► 552 S. WASHINGTON STREET - NAPERVILLE, IL 60540-6669 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$	15a		X
c If "Yes," enter name and address of the third party: Name Address Address DR. WILLIAM BLEECKER	THE STATE OF THE S		
Gaming manager compensation ▶ \$			
Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	17a		_ X
organization's own exempt activities during the tay year • \$ 11.033.			

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 1
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
VISION & HEARING EYE DOCTORS & HEARING CLINIC VARIOUS NAPERVILLE, IL 60540	NONE	102,258.
DIABETIC SERVICES DIABETES FOUNDATIONS VARIOUS NAPERVILLE, IL 60540	NONE	3,658.
YOUTH SERVICES YOUTH ORGANIZATIONS VARIOUS NAPERVILLE, IL 60563	NONE	13,250.
COMMUNITY DEVELOPMENT VARIOUS ORGANIZATIONS VARIOUS NAPERVILLE, IL 60563	NONE	27,366.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		146,532.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S'	ratem	IENT	2
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	ĺ]	YES	[X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT

3

THE ORGANIZATION IS DEDICATED TO CIVIC SERVICE BY ACTIVE INVOLVEMENT OF LOCAL MEMBERS IN COMMUNITY PROJECTS, PARTICULARLY PROJECTS RELATING TO EYESIGHT PRESERVATION AND PROVIDING SERVICES TO YOUTH.