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2009

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

~~2010~~

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning July 1, 2009 ~~2009~~, and ending June 30, 2010 ~~2010~~

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Lions International, Roseburg

D Employer identification number
23-7319427

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 686

E Telephone number
541-229-6358

City or town, state or country, and ZIP + 4
Roseburg OR 97470-0137

F Group Exemption Number ► **0239**

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ► _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **NA**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are ~~\$200,000~~ or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 500,000 **199,263.07**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	2,875.74
2	Program service revenue including government fees and contracts	2	0.00
3	Membership dues and assessments	3	5,864.24
4	Investment income	4	2,242.89
5a	Gross amount from sale of assets other than inventory	5a	0.00
b	Less: cost or other basis and sales expenses	5b	0.00
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.00
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0.00
c	Less: direct expenses from gaming and fundraising events	6c	0.00
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	188,280.2
b	Less: cost of goods sold	7b	161,270.96
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	27,009.24
8	Other revenue (describe in Schedule O)	8	0.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	37,992.11
Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	31,594.69
11	Benefits paid to or for members	11	6,341.02
12	Salaries, other compensation, and employee benefits	12	0.00
13	Professional fees and other payments to independent contractors	13	0.00
14	Occupancy, rent, utilities, and maintenance	14	0.00
15	Printing, publications, postage, and shipping	15	0.00
16	Other expenses (describe in Schedule O)	16	0.00
17	Total expenses. Add lines 10 through 16	17	37,935.71
Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	56.40
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	131,874.13
20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,589.02
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	135,519.55

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	131,874.13	22 131,930.53
23 Land and buildings	0.00	23 0.00
24 Other assets (describe in Schedule O)	0.00	24 3,589.02
25 Total assets	131,874.13	25 135,519.55
26 Total liabilities (describe in Schedule O)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,874.13	27 135,519.55

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☐

What is the organization's primary exempt purpose? **Provide Sight & Hearing assistance**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 Sight & Hearing assistance for eye glasses, hearing aids, and surgeries provided at local, state, and international levels		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,593.00
29 Donations to charitable organizations (BSA, GSA, 4-H, Boys & Girls club, etc.)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,567.50
30 Community Projects: Adopt a Park, Flags for First graders, Peace Poster contest, and other similar projects		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,434.19
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	31,594.69

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Rene Baumgartner 622 Becker Rd, Roseburg OR 97471-9701	President - 3 hrs	0	0	0
Tami Fox 4880 Grange Rd, Roseburg OR 97470-8433	1st VP - 1 hr	0	0	0
John Hernstedt 137 Martha Dr, Winchester OR 97375	2nd VP - 1 hr	0	0	0
Mick Souders 137 Kristie Lee Ln, Roseburg OR 97471	3rd VP - 1 hr	0	0	0
Dave Wright 260 Littlebrook Ln, Roseburg OR 97471-9863	Secretary - 2 hrs	0	0	0
Larry Hassett 729 W Union St, Roseburg OR 97471-2858	Treasurer - 2 hrs	0	0	0
Jack Katzenmeyer 1241 Westview, Roseburg OR 97471-8523	Tail Twister - 1 hr	0	0	0
Jack Hayes 390 Jacob Hale Way, Roseburg OR 97471	Lion Tamer - 1 hr	0	0	0
Craig Jackson 1260 Fisher Rd, Roseburg OR 97471-8204	1 yr Director - 1 hr	0	0	0
Dale Thomas 343 Jacob Hale Way, Roseburg OR 97471-9826	1 yr Director - 1 hr	0	0	0
Frank Killough 365 Littlebrook Ln, Roseburg OR 97471-7401	2 yr Director - 1 hr	0	0	0
Don Ivie 2955 NE Hembree St.#120, McMinnville OR 97128-7004	2 yr Director - 1 hr	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, explain in Schedule O why the organization did not report the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	<input type="checkbox"/>	<input type="checkbox"/>
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ None	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of ▶ Larry Hassett Telephone no. ▶ 541-672-1474	<input type="checkbox"/>	<input type="checkbox"/>
Located at ▶ 729 W Union St, Roseburg OR ZIP + 4 ▶ 97471-2858	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶	<input type="checkbox"/>	<input type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	<input type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶	<input type="checkbox"/>	<input type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	<input type="checkbox"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **▶**

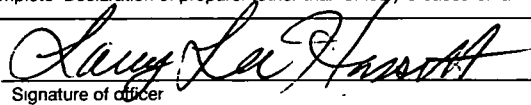
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		<u>02/15/2011</u>
	Signature of officer	Date
	Larry Lee Hassett	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2009
OMB No 1545-0047

~~2010~~

Open to Public
Inspection

Name of the organization

Lions International, Roseburg

Employer identification number

23-7319427

Line 990 EZ 10 Data

Sight & Hearing (Line 28)

S&H LCIF	1,000.00	
S&H Local	11,093.00	
S&H State	1,500.00	
Mission Cataract	2,000.00	
Total		15,593.00

Donations (Line 29)

4-H	250.00	
BSA	250.00	
Boys & Girls club	500.00	
Camp Millenium	800.00	
GSA	250.00	
Guide Dogs	500.00	
Relay for Life	500.00	
Rotary Duck Race (abused children)	179.29	
Salvation Army (dress a child)	500.00	
Special Olympics	500.00	
Wildlife Safari	2,000.00	
YMCA	300.00	
Treva Hoffman Foundation	5,038.21	
Total		11,567.50

Community Projects

Adopt a Park	103.44	
Flags for First Graders	195.75	
Peace Poster	135.00	
Scholarships	4,000.00	
		4,434.19

Total Line 10 and Line 32		31,594.69
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Name of the organization

Lions International, Roseburg

Employer identification number

23-7319427

Line 990 EZ Line 20 Data

Changes in Assets Line 20

Accounts Receivable	988.62
Prepaid Expense	2,600.40
Total	3,589.02