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Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047 Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning $JUL1$ , $2009$ and endir	ng J	<u>UN 30, 2</u>	010	
В	Check if applicable	use IRS		D Employer io	lentific	cation number
	Addre	ess label or LIONS INTERNATIONAL CLEAR LAKE				
	Name	type		2	3-73	333627
	Initial return	n   See   Number and Street (of P.U. dox ii maii is not denvered to street address)   Room	/suite	E Telephone n		
	Termi	I Specific I	1	. 3	20-	743-8001
	Amen	ided tions Communications and ZID 4		G Gross receipts \$		1,216,730.
	Application			H(a) Is this a gr	oup re	
	penda			for affiliate		Yes X No
		SAME AS C ABOVE	Ī	H(b) Are all affilia	ites incl	uded? Yes No
$\overline{\mathbf{I}}$	Tax-ex	empt status X 501(c) ( 4				list. (see instructions)
_		ite: ► WWW.CLEARLAKELIONSMN.ORG		H(c) Group exe		
			Year o			State of legal domicile: MN
	art I	Summary				
	1	Bnefly describe the organization's mission or most significant activities TO SERV	E T	HE NEEDS	OF	OUR LOCAL
Activities & Governance		COMMUNITY THROUGH SEVERAL VOLUNTEER PROJECT				
rua	2	Check this box If the organization discontinued its operations or disposed of	f more	than 25% of its	net as:	sets
Š.	3	Number of voting members of the governing body (Part VI, line 1a)			3	15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	_	_	4	15
SS	5	Total number of employees (Part V, line 2a)			5	14
ij	6	Total number of volunteers (estimate if necessary)	-		6	75
Ę	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	_		7a	61,103.
•	ь	Net unrelated business taxable income from Form 990-T, line 34	•		7b	1,141.
				Prior Year		Current Year
a	8	Contributions and grants (Part VIII, line 1h)			0.	656.
Š	9	Program service revenue (Part VIII, line 2g)		4,4	86.	3,965.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			96.	239.
α	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,7	67.	93,979.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		58,3		98,839.
	13	Grants and similar amounts paid (Part IX, column (A) lines 1-3)		60,4	71.	72,256.
	14	Benefits paid to or for members (Part IX, column (A) Tire CPEVED				
S	15	Salanes, other compensation, employee benefits (Part IX, column (A), line 10)				
Expenses	16a	Professional fundraising fees (Part IX, column A) நித்து 1து 1 2011				
ĝ	Ь	Total fundraising expenses (Part IX, column (D) line 25)				
Ω	17	Other expenses (Part IX, column (A), lines 1a-11doction. LIT		_8,0	89.	13,034.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,5	60.	85,290.
		Revenue less expenses Subtract line 18 from line 12		-10,2	11.	13,549.
Net Assets or Fund Balances			Beg	inning of Current	Year	End of Year
alarse alarse	20	Total assets (Part X, line 16)		33,6	<u>13.</u>	101,654.
₹. 8.6	21	Total liabilities (Part X, line 26)		5,7	21.	5,209.
		Net assets or fund balances Subtract line 21 from line 20		27,89	92.	96,445.
	art II	Signature Block		····		
1		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater and complete. Destalation of preparer (other than officer) is based on all information of which preparer has any known	nents, an vledge	d to the best of my k	nowledge	e and belief, it is true, correct,
<b>L</b>		$\mathcal{L}$			•	7 - 11
Şig	n	I om a usual			<u>- a</u>	/_//
Her	e	Signature of officer		Date		
Z		NORM ASHFELD, GAMBLING MANAGER		<del></del>		
		Type or print name and title	Loba	1		
Signal Si	, l	Preparer's Date	Chec	— }		's identifying number ructions)
	parer's	Signature / Migne Al orient	emp	loyed 🕨 🛄	P	00953655
	Only	yours if DOMISON, BRONS & COMPANI, CHARTERE.	D	EIN > 4	11-1	3/3580
_		self-employed), address, and 111 LAKE ST N P.O. BOX 219		\	. = -	
		ZIP+4 BIG LAKE, MN 55309		Phone no.	<u>► 76</u>	32633300
May	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Part III   Statement of Program Service Accomplishments  1	<u> </u>	Page 2
TO SERVE THE NEEDS OF OUR LOCAL COMMUNITY THROUGH SEVERAL PROJECTS.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code. ) (Expenses \$ 84, 945. including grants of \$ ) (Revenue PROVIDE A PLACE TO MEET AND TO BE ACTIVE IN COMMUNITY ACTIVE TUND THE NEEDS OF THE COMMUNITY AND TO PROMOTE THE SURROUN).  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue The Needs of the Community Active The Surround The Needs of the Community The Needs of the Needs of the Community The Needs of the N		
the pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code. ) (Expenses \$ 84,945. including grants of \$ ) (Revenue PROVIDE A PLACE TO MEET AND TO BE ACTIVE IN COMMUNITY ACTIVE UND THE NEEDS OF THE COMMUNITY AND TO PROMOTE THE SURROUN)  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue PROVIDE A PLACE TO MEET AND TO PROMOTE THE SURROUN)	VOLUNTEER	
the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code. ) (Expenses \$ 84,945. including grants of \$ ) (Revenue PROVIDE A PLACE TO MEET AND TO BE ACTIVE IN COMMUNITY ACTIVE FUND THE NEEDS OF THE COMMUNITY AND TO PROMOTE THE SURROUN)  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue PROVIDE A PLACE TO MEET AND TO PROMOTE THE SURROUN)		
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If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code. ) (Expenses \$ 84,945. including grants of \$ )(Revenue PROVIDE A PLACE TO MEET AND TO BE ACTIVE IN COMMUNITY ACTIVE FUND THE NEEDS OF THE COMMUNITY AND TO PROMOTE THE SURROUN)  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue PROVIDE APPLIED OF THE COMMUNITY AND TO PROMOTE THE SURROUN)	Yes [	▼ No
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code. ) (Expenses \$ 84,945. including grants of \$ ) (Revenue PROVIDE A PLACE TO MEET AND TO BE ACTIVE IN COMMUNITY ACTIVE FUND THE NEEDS OF THE COMMUNITY AND TO PROMOTE THE SURROUNG THE SURROUNG THE SURROUNG THE SURROUNG STATE OF THE SURROUNG THE SU		_A_I NO
PROVIDE A PLACE TO MEET AND TO BE ACTIVE IN COMMUNITY ACTIVE FUND THE NEEDS OF THE COMMUNITY AND TO PROMOTE THE SURROUNT AND COde:    Ab (Code: )(Expenses \$ including grants of \$ )(Revenue)		
	VITIES TO	(TY.
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue	ıe \$	)
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue		
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue		
	ue \$	
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e Total program service expenses ►\$ 84,945.		

			,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	1	
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	İ		
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_	_	ļ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ <u>.</u> .	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			i
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	'		l
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			Ì
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	, ,		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			•
404	Schedule D, Parts XI, XII, and XIII.	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A X	1 1		
40		40		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		21
10	taggeted autoide the United States 2 If EVon II appellate Schoolide E. Port III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>  ''  </del>		
10	As and One Market Brown and Association of the Market Brown and Association an	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	<del>'''</del>		
13	complete Schoolule G. Port III	19	x	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		
	See and digametration of the or more recognition in Tody Complete Correction 11	Form	990 (	
		. 0////	(/	_000)

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		i	
	Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).		İ	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
. С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		. !	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?		ł	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		İ	
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l T		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	[		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form C	3 <b>90</b> (2	nnaı

Form **990** (2009

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?	4a		<u> </u>
þ	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.	ļ	- [	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_	İ	
	Tax Shelter Transaction?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			32
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		ľ	
а	provided to the payor?	7a	1	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	Ì	1	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	l		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	ļ		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		j	
а	Did the organization make any taxable distributions under section 4966?	9a_		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ļ		
	Initiation fees and capital contributions included on Part VIII, line 12	1	]	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 1	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		- }	
a	Gross income from members or shareholders			
D	amounts due or received from them.)	{	[	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	the state of the s	Form	990 (2	2009)

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

<u>Sec</u>	tion A. Governing Body and Management									
		1 1			Yes	No				
1a	Enter the number of voting members of the governing body	1a	15							
b	Enter the number of voting members that are independent	1b	15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other		j						
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customanly performed by or under the	e direct supervision	1							
	of officers, directors or trustees, or key employees to a management company or other person?		Ĺ	3		<u> </u>				
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed?	. [	4		X				
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?									
6	6 Does the organization have members or stockholders?									
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the								
	governing body?	-	Į	7a	X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year								
	by the following:		ŀ							
а	The governing body?		. [	8a	<u>x</u>					
þ	Each committee with authority to act on behalf of the governing body?		Ĺ	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		,	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)								
			_		Yes	No_				
10a	Does the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," does the organization have written policies and procedures governing the activities of such or	chapters, affiliates,		-	l					
	and branches to ensure their operations are consistent with those of the organization?		Ĺ	10b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the form?	1	11	_X					
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		L	12a		_X_				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give rise		i	Î					
	to conflicts?		  -	12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe								
	ın Schedule O how this is done			12c						
13	Does the organization have a written whistleblower policy?		L	13		X				
14	Does the organization have a written document retention and destruction policy?	•	L	14		<u>X</u>				
15	Did the process for determining compensation of the following persons include a review and approva	l by independent	l							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		· · -	15a		<u>X</u>				
Þ	Other officers or key employees of the organization		·   _	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	nent with a								
	taxable entity during the year?		· -	<u>16a</u>		<u>X</u>				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	• •								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	nization's	İ	j	ł					
2	exempt status with respect to such arrangements?	<del></del>	ــــــــــــــــــــــــــــــــــــــ	16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MN	(504/ )(0)								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(SUT(C)(S)S ONIY) ava	nable fo	or						
	public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  X Upon request									
10		neliat of missessi = =!	iau	16	اماما					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	miliet of interest poli	cy, and	ıınan	iciai					
20	statements available to the public.	d rooprdo of the	001204	.n. 🕨						
20	State the name, physical address, and telephone number of the person who possesses the books an $NORM$ ASHFELD - $320-250-6425$	u records or the org	aı ıızatic	JI1: 📂						
	10600 55TH ST SE, CLEAR LAKE, MN 55319									
	TOUCO JOIN DI DE, CHEAN DANE, MM JJJIJ	·		Form (	990 (2	(2009)				

932006 02-04-10

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	1						(D)	(E)	(F)	
Name and Title	Average hours	   (c	Position (check all that apply)				lv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
TOM HAMMER											
PRESIDENT	2.00	X		X	_			0.	0.	0.	
KEITH BERGER											
1ST VICE PRESIDENT	1.00	X		X	_			0.	0.	0.	
ALAN PETERSON				ŀ							
2ND VICE PRESIDENT	1.00	X		Х	L_			0.	0.	0.	
ERIC KRONENBERG								_			
3RD VICE PRESIDENT	1.00	X		X	<u> </u>	Щ		0.	0.	0.	
PAT ARNOLD		i			ŀ						
SECRETARY	2.00	X		Х	<u> </u>			0.	0.	0.	
ED PLOOF										•	
TREASURER	2.00	X		X				0.	0.	0.	
NORM ASHFELD	00.00							14 050	•	•	
GAMBLING MANAGER	20.00	X		X	_	H		14,850.	0.	0.	
RANDY LION	1 00	,,				1			0	0	
LION TAMER	1.00	X		X	_			0.	0.	0.	
JIMMY PUDLICK	1.00	x	1	X				0.	0.	0.	
TAIL TWISTER  JOE GRUENES	1.00	^		Δ	-	H					
PAST PRESIDENT	1.00	X		x				0.	0.	0.	
JACK MCKELVEY	1.00	A	$\vdash$	^	_	$\vdash$					
DIRECTOR (2 YR)	1.00	х		X				0.	0.	0.	
KEVIN GOENNER	1.00	*			_		$\neg$			<u></u> .	
DIRECTOR (2 YR)	1.00	x		X				0.	0.	_ 0.	
GLEN PETERSON	100	-									
DIRECTOR (1 YR)	1.00	$\mathbf{x}$		х				0.	0.	0.	
ROBERT STAMM											
DIRECTOR (1 YR)	1.00	$ \mathbf{x} $		х				0.	0.		
CLINT SCHENDZIELOS											
DIRECTOR (1 YR)	1.00	X		X	_		_	0.	0.	0.	

Form 990 (2009)

Part VII   Section A. Officers, Directors, Ti		mple 	oyee			High	est						
(A) Name and title	(B) Average			Pos	C)			(D) Reportable	(E) Reportable			( <b>F</b> ) mate	
Name and title	hours	(cl				app	oly)	compensation	compensation			ount c	
	per				T -	Τ̈́	<u> </u>	from	from related		c	ther	
	week	20.50	ļ		-	8		the	organization	1	comp		
		ste o	rustee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MI	30)		m the	
		ual fru	Sonat		Key employee	Highest compensated employee		(W-2/1099-MISC)		ļ	•	relate	
		individual trustee or director	nstitutional trustee	Officer	ey em	dahes	o me			ŀ	orgar	nizatio	ns
	<del> </del>	╀	<del> </del>	<del> </del>	┞▔		-	<del> </del>		-+			
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1b Total			·			<b></b>		14,850.		0.			0.
2 Total number of individuals (including but i	not limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 in reportabl	e			
compensation from the organization											<del></del> _		0
										_		/es	No
3 Did the organization list any former officer		stee	, key					•	nployee on			-	v
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the s		le co	mne		Ition			er compensation from t	the organization	-	3	-+	X
and related organizations greater than \$15	•		-					•	ine organization		4		Х
5 Did any person listed on line 1a receive or									ces rendered to				
the organization? If "Yes," complete Sched											5		X_
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated inc	iepe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pensat	ion fro	m	
the organization. NONE					_				<del></del>				
(A) Name and business	address							(B) Description of s	ervices	Cor	(C) mpens		
							_					_	_
		_								_			
							T						
							4	· · · · · · · · · · · · · · · · · · ·					
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							_						
2 Total number of independent contractors (	including but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 in compensation from the organ	zation 🕨				(	)							
										Fo	om <b>9</b> 9	<b>90</b> (20	)09)

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and			· · · · · · · · · · · · · · · · · · ·					
	organizations in the U.S. See Part IV, line 21	63,522.	63,522.						
2	Grants and other assistance to individuals in				:				
	the U.S See Part IV, line 22	8,734.	8,734.						
3	Grants and other assistance to governments,				-				
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management .								
	Legal								
С	Accounting								
	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	551.	551.	0.62					
13	Office expenses	263.		263.					
14	Information technology			-					
15	Royalties			<del></del> ··	· · · · · · · · · · · · · · · · · · ·				
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	5 041	5,041.		<del></del>				
19	Conferences, conventions, and meetings	5,041.	5,041.						
20	Interest				<del></del>				
21	Payments to affiliates				<u>-</u> .				
22 ~~	Depreciation, depletion, and amortization Insurance	782.	782.						
23 24	Other expenses. Itemize expenses not covered	702.	702.						
24	above. (Expenses grouped together and labeled								
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
а	MEMBERSHIP DUES	4,116.	4,116.		· · · · · · · · · · · · · · · · · · ·				
h	AWARDS/GIFTS/FLOWERS	1,930.	1,930.						
c	UNIFORMS	269.	269.						
ď	PO BOX RENT	44.		44.	<del> </del>				
A	BANK CHARGES	38.		38.					
f				,					
25	Total functional expenses. Add lines 1 through 24f	85,290.	84,945.	345.	0.				
<u>26</u>	Joint costs. Check here I If following	,							
	SOP 98-2. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation								

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash · non-interest-bearing	5,989.	1	58,111
2	Savings and temporary cash investments	18,717.	2	36,883
3	Pledges and grants receivable, net	207,270	3	307003
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
"	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			<del></del>
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	2,100.	8	1,670
9	Prepaid expenses and deferred charges	2,100.	9	
	Land, buildings, and equipment, cost or other		-	
104	basis. Complete Part VI of Schedule D 10a			
l b			10c	
11	Investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
12	Investments - publicly traded securities  Investments - other securities. See Part IV, line 11		12	
13	Investments - other securities, see Part IV, line 11	<del></del>	13	
14	1.0		14	
15	Other assets. See Part IV, line 11	6,807.	15	4,990
16	Total assets. Add lines 1 through 15 (must equal line 34)	33,613.	16	101,654
17	Accounts payable and accrued expenses	5,721.	17	5,209
18	Grants payable	3,721.	18	3,203
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,		<del></del>	
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	5,721.	26	5,209
	Organizations that follow SFAS 117, check here   X and complete	3,7210	20	3,205
1	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,868.	27	61,940
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	23,024.	29	34,505
	Organizations that do not follow SFAS 117, check here  and	25,024.	23	31,505
}	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
1				······
31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	
1	Total act assets or fund belongs	27,892.	33	96,445
33		33,613.	34	101,654
34	Total liabilities and net assets/fund balances	23,013.	<del>34</del>	Form <b>990</b> (2009

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule Q and describe any steps taken to undergo such audits

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

Form 990 (2009)

X

<u>2</u>c

За

# SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nar	me of organization			En	ployer identification number
	LIONS I	NTERNATIONAL CL	EAR LAKE		23-7333627
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	) or is a section 527	organization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities		* \$
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c	)(3).	
1	Enter the amount of any excise tax	incurred by the organization ui	nder section 4955	• • • • •	\$
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	55	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
48	Was a correction made?			** * **	Yes No
t	If "Yes," describe in Part IV.				
Pá	art I-C Complete if the or	ganization is exempt un	der section 501(c	), except section 50	1(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities	· \$
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	section 527	
	exempt function activities				· \$
3	Total exempt function expenditures	s Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
	line 17b	<u>.</u>		▶	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (E	EIN) of all section 527 p	olitical organizations to wi	nich payments were made
	For each organization listed, enter	the amount paid from the filing	organization's funds. A	lso enter the amount of po	olitical contributions received
	that were promptly and directly del	·	•	eparate segregated fund o	or a political action committee
	(PAC). If additional space is needed	d, provide information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	contributions received and

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009				23-	7333627 Page 2
Part II-A Complete if the orga		mpt under secti	on 501(c)(3) and file	ed Form 5768	
(election under sect				<del></del>	· <u> </u>
A Check ► if the filing organizati	•	<b>.</b>			
B Check ► if the filing organizati	on checked box A a	nd "limited control" p	rovisions apply.		T.:
	on Lobbying Expe tures" means amo	nditures unts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion	(grass roots lobbying	)		
<b>b</b> Total lobbying expenditures to influe	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)	•			
d Other exempt purpose expenditures					
<ul> <li>Total exempt purpose expenditures</li> </ul>	(add lines 1c and 1	d) <u>.</u> .			
f Lobbying nontaxable amount Enter	the amount from th	e following table in bo	oth columns		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable ar	mount is:		
Not over \$500,000	20% of	the amount on line 1	e		
Over \$500,000 but not over \$1,000,		00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0			cess over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
	050/ /1 40				<del> </del>
g Grassroots nontaxable amount (ente	•	•	• • •		<del> </del>
h Subtract line 1g from line 1a. If zero	•	•	• • •		
<ul><li>i Subtract line 1f from line 1c. If zero of</li><li>j If there is an amount other than zero</li></ul>	•		L	<del></del> -	_ <del>L</del>
reporting section 4911 tax for this ye		ille ii, did tile olgani	Zation lile Form 4720		Yes No
reporting section 4011 tax for this ye		eraging Period Unde	r Section 501(h)	<u>·</u>	NO_
	tions that made a s	ection 501(h) election	on do not have to comp nes 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	<del></del>		<del>   </del>		<del> </del>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))		<u> </u>	-		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 LIONS INTERNATIONAL CLEAR LAKE 23-733362 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

21(c)(5), or so	r section  Yes 1 X	mount
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	Yes 1 X	
2	1 X	
2		N
	2 X	
و ا		
<u></u>	3	
1	1	<del></del>
2a	2a	
2a	1	
	2b	
. 2b	2b 2c	
. 2b	2b 2c	
. 2b	2b 2c	
2b 2c 3	2b 2c 3	
		2a

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

OMB No. 1545-0047 Inspection

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization **Employer identification number** LIONS INTERNATIONAL CLEAR LAKE 23-7333627 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . ... . .. . .... . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 LIONS INTE	ERNATIONAL CLEA	R LAKE	23-7333627 Pag
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation <sup>.</sup> or end-of-year market value
Financial derivatives			or end or year marrier value
Closely-held equity interests			
Other			
			-
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3	
(a) Description of investment type	(b) Book value	(0	) Method of valuation.
(a) Description of investment type	(b) Dook value	Cost	or end-of-year market value
	-		<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Irr			
(a	a) Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X	16 15.) ( line 25	:· :	
(a) Description of liability	, iiiie 23	(b) Amount	<del></del>
ederal income taxes		(-,	
· · · · · · · · · · · · · · · · · · ·		-	
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 25.)		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		inancial statements th	at reports the organization's liability for
s. semieter r with river, provide the text of the re	onion to the organization 5	manour statements th	at reports the organization 3 hability tol

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48 932053 02-01-10

	edule D (Form 990) 2009 LIONS INTERNATIONAL CLEAR LAKE		<u>23-733</u>	33627 Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	icial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<del></del>	98,839.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		85,290.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_3		13,549.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	_6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		55,004.
9	Total adjustments (net). Add lines 4 through 8	9		55,004.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		68,553.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per	Return	
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		_4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses p	er Return	<del></del>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities		_	
þ	Prior year adjustments		_	
C	Other losses		_	
d	Other (Describe in Part XIV) 2d			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		_	
С	Add lines 4a and 4b		. 4c	<del> </del>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		. 5	
Pai	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro			
<u>TO</u>	ADJUST PRIOR ACCOUNTANT'S BALANCE SHEET ACCOUNTS TO	ACTU	JAL FOR	THE
AC'I	CIVITY ACCOUNTS.			
		<del>-</del> ·		
		<del></del>		
		<del></del>		

932054 02-01-10

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service 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.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

	Attach to Form 990 or Form 990-E	-Z, ▶ :	See s	eparate instruction:	s. <u>l</u>	inspection
Name of the organization  LIONS I	NTERNATIONAL CLEAF	R LA	KE		23-7333	entification number
	Complete if the organization answ			o Form 990, Part IV,		
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	sed funds through any of the following and selected selec	tion of tion of fundra (includerofess	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, true fundraising services?	stees orYes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					•	
<u> </u>						
						,, <u>.</u>
Total	n is registered or licensed to solicit f	unds c	r has	been notified it is ex	empt from registration	on or licensing.
				<del> </del>		·

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 CHAMPAGNE (add col. (a) through DINNER PALMER DAYS col. (c)) (event type) (event type) (total number) 7,715 1 Gross receipts 7,362 6,695 21,772. Less: Charitable contributions Gross income (line 1 minus line 2) 7,715 7,362. 6,695 21,772. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 6,312. 2,640. 2,944 Other direct expenses ,896. Direct expense summary. Add lines 4 through 9 in column (d) 11,896 Net income summary. Combine line 3, column (d), and line 10 9,876 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)) 47,899. 1,099,633. Gross revenue 23,790. 1,171,322. 2 Cash prizes 30,834. 889,616. 2,050 922,500. Direct Expenses 10,695 10,695. 3 Noncash prizes 1,797. 41,250 Rent/facility costs 892 43,939. 4,028 115,304 Other direct expenses 121,845. Yes Yes LX 6 Volunteer labor 1,098,979; Direct expense summary. Add lines 2 through 5 in column (d) 72,343. 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: MN a Is the organization licensed to operate gaming activities in each of these states? X 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? X 10a b If "Yes," explain. 11 Does the organization operate gaming activities with nonmembers? 11 X 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 LIONS INTERNATIONAL CLEAR LAKE 23-733	<u> 362</u>		
		Yes	No
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility  13a % 13b 100.00%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ► JUDY WIPPER  Address ► 9925 42ND STREET - CLEAR LAKE, MN 55319			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		x
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.			
Name			
Address			
16 Gaming manager information			
Name ► NORM ASHFELD	İ		
Gaming manager compensation ▶ \$14,850.			
Description of services provided ► ALL AS REQUIRED BY MINNESOTA STATUTES  CHAPTER 349A.	į		
Director/officer X 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?	17a		x
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1/ 0		<u> </u>

Schedule G (Form 990 or 990-EZ) 2009

**2** Employer identification number Schedule I (Form 990) 2009 23-7333627 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant DONATION FOR YOUTH or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (b) EIN (c) IRC section if applicable cash grant or government Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 5,587 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. CLEAR LAKE 501(C)(3) Enter total number of section 501(c)(3) and government organizations LIONS INTERNATIONAL 41-1543013 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization PRIENDSHIP VENTURES ANNANDALE, MN 55302 10509 108TH ST NW Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

23-7333627 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. LIONS INTERNATIONAL CLEAR LAKE Schedule I (Form 990) 2009 Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL ASSISTANCE FOR ILLNESS/ACCIDENTS	4	7,000	0		
YOUTH ASSISTANCE TO ATTEND SPORTS COMPETITION		100.	0		
PROSTETIC EYE PINANCIAL ASSISTANCE	1	1,000,	0		
CHRISTMAS BASKETS TO ELDERLY/NEEDY	59	.0	334		GIFT BASKETS FOR CHRISTMAS GIVEN TO THE ELDERLY/NEEDY
CANCER RUN CONTRIBUTION	1	300.	0		
Part IV Supplemental Information. Complete this part to provide the in	de the information	required in Part I, I	ine 2, and any other	nformation required in Part I, line 2, and any other additional information.	

# UNMONITORED ASSISTANCE THE ORGANIZATION GIVES OUT UNRESTRICTED,

ORGANIZATIONS AND INDIVIDUALS.

Schedule I (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990. Inspection Internal Revenue Service Name of the organization **Employer identification number** LIONS INTERNATIONAL CLEAR LAKE 23-7333627 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS MADE UP OF MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT OFFICERS OF THE GOVERNING BOARD. FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS OF THE GOVERNING BODY ARE RATIFIED BY THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DOES NOT HAVE A SPECIFIC PROCESS FOR REVIEWING THE 990 BEFORE IT IS FILED. THE BOARD MEMBERS VIEW THE RETURN AFTER IT HAS BEEN FILED. FORM 990, PART VI, SECTION B, LINE 15B: GAMBLING MANAGER (OFFICER) SALARY REVIEWED BY CEO AND GAMBLING COMMITTEE AND VOTED ON BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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