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Form **990-EZ**

# 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)

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2009 calendar year, or tax year beginning <b>07/01/09</b> , and ending <b>06/30/10</b>								
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="3">Please use IRS label or print or type. See Specific Instructions</td> <td><b>C</b> Name of organization <b>WHEATON LIONS CHARITIES LTD</b></td> <td><b>D</b> Employer identification number <b>36-3612144</b></td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) <b>P O BOX 296</b></td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>WHEATON IL 60189-0296</b></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>WHEATON LIONS CHARITIES LTD</b>	<b>D</b> Employer identification number <b>36-3612144</b>	Number and street (or P O box, if mail is not delivered to street address) <b>P O BOX 296</b>	Room/suite	City or town, state or country, and ZIP + 4 <b>WHEATON IL 60189-0296</b>	
Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>WHEATON LIONS CHARITIES LTD</b>		<b>D</b> Employer identification number <b>36-3612144</b>					
	Number and street (or P O box, if mail is not delivered to street address) <b>P O BOX 296</b>		Room/suite					
	City or town, state or country, and ZIP + 4 <b>WHEATON IL 60189-0296</b>							
<b>E</b> Telephone number <b>630-653-1616</b>								
<b>F</b> Group Exemption Number <b>▶</b>								

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) **▶**

<b>I</b> Website: <b>▶ N/A</b>	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input checked="" type="checkbox"/> if 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.	

**L** 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 **▶ \$ 49,809**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	25
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,359
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	48,425
	6b	Less direct expenses other than fundraising expenses	6b	21,166
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	27,259	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe <b>▶</b> )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5b, 6c, 7c, and 8 <b>▶</b>	9	28,643	
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STMT 1</b>	10	38,260
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>▶ SEE STATEMENT 2</b> )	16	28
	17	<b>Total expenses.</b> Add lines 10 through 16 <b>▶</b>	17	38,288
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,645
	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	69,264
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 <b>▶</b>	21	59,619

### 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.

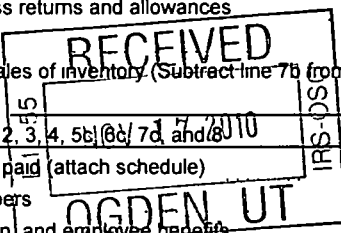
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,264	59,619
23 Land and buildings		
24 Other assets (describe <b>▶</b> )		
25 <b>Total assets</b>	69,264	59,619
26 <b>Total liabilities</b> (describe <b>▶</b> )	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	69,264	59,619

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

Form 990-EZ (2009)

SCANNED DEC 15 2010



**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

What is the organization's primary exempt purpose?

PROVIDE ASSISTANCE TO THE HEARING &amp; VISUALLY IMPAIRED

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, or other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 EYE GLASS PROGRAM-EYE GLASSES &amp; EYE EXMAS ARE PROVIDED TO INDIVIDUALS IN FINACIAL NEED

(Grants \$ 3,478) If this amount includes foreign grants, check here

28a

3,478

29 SPECTRIOS EYE RAHABILITATION CENTER

(Grants \$ 15,000) If this amount includes foreign grants, check here

29a

15,000

30 LIONS OF IL CANDY DAY

(Grants \$ 3,757) If this amount includes foreign grants, check here

30a

3,757

31 Other program services (attach schedule) SEE STATEMENT 3

(Grants \$ 16,025) If this amount includes foreign grants, check here

31a

16,053

32 Total program service expenses (add lines 28a through 31a)

32

38,288

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for 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
DON FISCHER	WHEATON	ASS'T TAIL TWISTER			
100 N WHEATON AVE	IL 60187	1.00	0	0	0
ROBERT HAEGER	WHEATON	DIRECTOR			
211 E ILLINOIS ST	IL 60187	1.00	0	0	0
ERN KOVACS	WHEATON	DIRECTOR			
318 E GENEVA RD	IL 60187	1.00	0	0	0
FRANK STECK	WHEATON	DIRECTOR			
404 W FRANKLIN AVE	IL 60187	1.00	0	0	0
BRAD PIHL	WHEATON	DIRECTOR			
28027 COUNTRY CLUB LANE	IL 60189	1.00	0	0	0
JIM ELLINGSON	WHEATON	DIRECTOR/MEMBERSHIP			
1095 WEXFORD CT	IL 60189	1.00	0	0	0
DOROTHY TROYER	WHEATON	DIRECTOR/PROGRAMS			
219 E COLE AVE	IL 60187	1.00	0	0	0
JOHN SHEAHIN	WHEATON	DIRECTOR/FUND RAISING			
1300 FOOTHILL CT	IL 60187	1.00	0	0	0
ED LAMBKE	WHEATON	LION TAMER			
1816 COURTENAY WAY	IL 60189	1.00	0	0	0
JIM ATTEN	WHEATON	PAST-PRES			
P O BOX 444	IL 60187	1.00	0	0	0
TONY LADD	WHEATON	PRESIDENT			
501 COLLEGE AVE	IL 60187	1.00	0	0	0
BUD ROESER	WHEATON	PUBLICITY			
305 E ILLINOIS ST	IL 60187	1.00	0	0	0
ROBERT CLAVEL	WHEATON	SECRETARY			
SCHAFNER RD	IL 60187	1.00	0	0	0
NEIL POLLOCK	WHEATON	SIGHT DIRECT			
100 TOWN SQUARE	IL 60187	1.00	0	0	0
GLENN AUBLE	BARTLETT	TAIL TWISTER			
6N020 ROUTE 59	IL 60103	1.00	0	0	0
CHRISTOPHER BARTON	WHEATON	TREASURER			
100 N WHEATON AVE	IL 60187	1.00	0	0	0
TERRI LIGHTBODY	NAPERVILLE	VICE-PRES			
24W620 EUGENIA DR	IL 60540	1.00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> 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.		
<b>a</b> 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?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr. <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> , section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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 <b>40b</b>		<b>X</b>
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>IL</b>		
<b>42a</b> The organization's books are in care of <b>CHRISTOPHER BARTON</b> Telephone no <b>630-784-4505</b> <b>100 N WHEATON AVE</b> Located at <b>WHEATON, IL</b> ZIP + 4 <b>60187</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country <b>42c</b>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>45</b>		<b>X</b>

**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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**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."

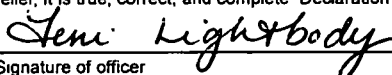
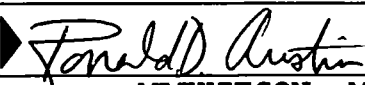
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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
NONE		

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

<b>Sign Here</b>	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.			
	 Signature of officer <b>TERRI LIGHTBODY</b> Type or print name and title		Date <b>11-11-10</b> <b>PRESIDENT</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	 Date <b>11/11/10</b>		Preparer's Identifying Number (See instr.) <b>P00112248</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>MATHIESON, MOYSKI, CELER &amp; CO., LLP</b> <b>211 SOUTH WHEATON AVENUE SUITE 300</b> <b>WHEATON, IL 60187</b>		EIN ▶ <b>36-3480013</b> Phone no ▶ <b>630-653-1616</b>
	May the IRS discuss this return with the preparer shown above? See instructions. <span style="float: right;">▶ <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			1,500	1,000	25	2,525
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,502	59,022	58,129	47,571	49,784	245,008
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	30,502	59,022	59,629	48,571	49,809	247,533
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						247,533

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	30,502	59,022	59,629	48,571	49,809	247,533
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47	3,708	2,951	1,988		8,694
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	47	3,708	2,951	1,988		8,694
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	30,549	62,730	62,580	50,559	49,809	256,227
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.61%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	96.16%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	4%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

## Special Events Schedule

Form **990****2009**

For calendar year 2009, or tax year beginning

**07/01/09**

, and ending

**06/30/10**

Name

Employer Identification Number

**WHEATON LIONS CHARITIES LTD****36-3612144**

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>30,630</u>	<u>9,612</u>	<u>3,300</u>	<u>4,883</u>	<u>48,425</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>30,630</u>	<u>9,612</u>	<u>3,300</u>	<u>4,883</u>	<u>48,425</u>
Less direct expenses	<u>21,166</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>21,166</u>
Net income (loss)	<u>9,464</u>	<u>9,612</u>	<u>3,300</u>	<u>4,883</u>	<u>27,259</u>

Description

(A)

GOLF OUTING

(B)

CANDY DAY

(C)

CHRISTMAS AUCTION

Others

TAIL TWISTERWALK IN THE DARKSIGHT FIRST II

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations**

Name and Address	Class of Activity		Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
	Date of Gift	Description of Property				
GRANTS TO SPECTRIOS INSTITUTE						
			15,000			
TOTAL						
			15,000			

LIONSCHARIT WHEATON LIONS CHARITIES LTD

36-3612144

## Federal Statements

FYE: 6/30/2010

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
TAX & REPORT FILING FEES	28
TOTAL	\$ 28

LIONSCHARIT WHEATON LIONS CHARITIES LTD

36-3612144

## Federal Statements

FYE: 6/30/2010

**Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description

VARIOUS OTHER VISION AND HEARING RELATED CHARITIES

LIONSCHARIT WHEATON LIONS CHARITIES LTD

36-3612144

**Federal Statements**

FYE: 6/30/2010

**Special Events Direct Expenses**

Description	Amount
COLUMN A	\$
GOLF OUTING	
SUPPLIES	21,166
SUBTOTAL	21,166
TOTAL	21,166

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES  
REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.