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OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

| | | 2009 calenda <u>r year, o</u> | | | 30-2010 | | over : d - | ntification numb | |
|--|-----------|---|---|-------------------|--------------------------------------|------------------|---|------------------|--|
| Check if applicable Address change | | change Please | C Name of organization Lions Clubs Intl District 27-B1 | | | | D Employer identification number 39-0067520 | | |
| Initial return print or 104 S Main St | | | | | none num | nber | | | |
| Terminated See Specific Instructions. City or town, state or country, and ZIP + 4 Fond Du Lac, WI 549354245 Fond Du Lac, WI 549354245 Fond Du Lac, WI 549354245 | | | | | ip Exemption iber ▶ | | | | |
| • Se | ction | | ions and 4947(a)(1) nonexempt charitable trust completed Schedule A (Form 990 or 990-EZ). | s | G Accounting mo | | ▽ Cash | Accrual | |
| T W | heit o | ► wwwmd27lionsor | · · · · · · · · · · · · · · · · · · · | | H Check ► 「 | ıfthe | organız | ation | |
| | | | one)— 501(c) (4) ◀(insert no) 4947(a)(1) or | 527 | ıs not requir Schedule B (| | | -EZ, or 990-PF) | |
| | neck 🕨 | _ | is not a section 509(a)(3) supporting organization | | - | | • | | |
| | | | rm 990 return is not required, but if the organization determine gross receipts, if \$500,000 or more, file Form 990 ii | | | be sure ►\$ | to me a | 52,968 | |
| | rt I | | enses, and Changes in Net Assets or Fur | | | nstructio | ns for I | <u> </u> | |
| | 1 | | grants, and similar amounts received | | | | 1 | , | |
| | 2 | Program service reve | enue including government fees and contracts . | | | . 1 | 2 | | |
| | з | Membership dues and | d assessments | | | . 1 | 3 | 33,882 | |
| | 4 | Investment income | | | | . | 4 | 262 | |
| | 5a | Gross amount from s | ale of assets other than inventory | . 1 | 5a | ŀ | | | |
| a) | ь | | asis and sales expenses | | 5b | | | | |
| 킖 | <u></u> | | ale of assets other than inventory (Subtract line 5b | from line | | | 5c | | |
| Revenue | 6 | , , | activities (complete applicable parts of Schedule G) | | • | ming, | 30 | | |
| | a | Gross revenue (not in | ss revenue (not including \$ of contributions | | | | | | |
| | - | reported on line 1) | | - 1 | 6a | 16,193 | | | |
| | ь | • | es other than fundraising expenses | F | | 12,694 | | | |
| | - | • | from special events and activities (Subtract line 6t | L from lu | | 12,054 | ا ـ | 3,499 | |
| | ° | | | , 110111 (111 | 1 | • | 6c | 3,499 | |
| | 7a . | | tory, less returns and allowances | - | 7a | | | | |
| | Ь | Less cost of goods s | | _ | 7b | | _ | | |
| | C | | । from sales of inventory (Subtract line 7 b from line । প্ৰদ্ৰা | /a) . | | • | 7c | | |
| | 8 | Other revenue (desci | | | | | 8 | 2,631 | |
| | 9 | | nes 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | · · · · • | - | 9 | 40,274 | |
| | 10 | Grants and similar ar | mounts paid (attach schedule) | | | | 10 | | |
| | 11 | Benefits paid to or foi | r members | | | • | 11 | 23,121 | |
| | 12 | Salaries, other compe | ensation, and employee benefits | | | - | 12 | 7,125 | |
| S O O | 13 | Professional fees and | d other payments to independent contractors . | | | . [| 13 | | |
| Expenses | 14 | Occupancy, rent, util | lities, and maintenance | | | . [| 14 | | |
| Ä | 15 | Printing, publications | s, postage, and shipping | | | . [| 15 | 1,466 | |
| | 16 | Other expenses (des | cribe 🛌 | | |) | 16 | 7,055 | |
| | 17 | Total expenses. Add | | • | <u></u> | • | 17 | 38,767 | |
| B | 18 | Excess or (deficit) fo | r the year (Subtract line 17 from line 9) | | | | 18 | 1,507 | |
| Net Assets | 19 | Net assets or fund ba | alances at beginning of year (from line 27, column (. | A)) (mus | t agree with | ļ | | | |
| طر پ | | end-of-year figure re | ported on prior year's return) | | | | 19 | 3,931 | |
| Ž | 20 | Other changes in net | t assets or fund balances (attach explanation) . | | | . [| 20 | | |
| | 21 | Net assets or fund ba | alances at end of year Combine lines 18 through 20 | o . | | • [| 21 | 5,438 | |
| Pa | rt II | Balance Sheets | s —If Total assets on line 25, column (B) are \$1,25 | 0,000 o | r more, file Form 9 | 990 inst | ead of F | orm 990-EZ | |
| | | (Saa t | the instructions for Part II) | /A |) Beginning of ye | ar | (P) [| End of year | |
| 22 | Cach | see t) savings, and investm, | | (A | | 931 22 | (8) | 5,438 | |
| | | , savings, and investm and buildings | iento | | 3, | 23 22 | | 5,438 | |
| | | _ | | \backslash | | 23 | | | |
| | | assets (describe 🟲_ | | -' | | - | | F 420 | |
| | | assets | | \downarrow | 3, | 931 25 26 | | 5,438 | |
| | | • | s (line 27 of column (B) must agree with line 21) | -′ | 3 | 931 27 | <u> </u> | 5,438 | |

| Part III Statement of Program | Service Accomplishn | nents (See the instruction | s for Part III) | | Expenses | | |
|--|--|--|---|-------|--|--|--|
| What is the organization's primary exempt | | quired for section 501 | | | | | |
| ASSIST THE BLIND & DEAF | | 3) and 501(c)(4) anizations and section | | | | | |
| 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 optional for others.) | | | | | | | |
| 28 LIONS CLUB INTERNATIONAL FOUND | | DONATIONS COLLE | CTED AND SENT | | | | |
| TO GENERAL FUND FOR MAJOR DISAST (Grants \$) If the | 28a | 0 | | | | | |
| 29 WISCONSIN LIONS FOUNDATIONWL | | | | | | | |
| DISABLED CHILDREN TO ATTEND SUMMER CAMP AT NO COST | | | | | | | |
| 30 MISSION TO MEXICO DELIVER DONA | 29a | 0 | | | | | |
| (Grants \$) If thi | s amount includes foreign o | | | 30a | 0 | | |
| 31 O ther program services (attach schedul (Grants \$) If thi | s amount includes foreign o | grants, check here | ▶ ┌ | 31a | | | |
| 32 Total program service expenses (add line | es 28a through 31a) . | | | 32 | 0 | | |
| Part IV List of Officers, Directors, True | stees, and Key Employees. | List each one even if not co | | | s 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 employee benefit pl deferred compensa | ans & | (e) Expense account and other allowances | | |
| Leonard Quinn N5683 Lakeview Dr | | | | | | | |
| Green Lake, WI 54941 | Distrit Gov 15 | 0 | | 0 | 0 | | |
| Gary Colton | | | | | | | |
| 40 Lallier Lane Fond Du Lac, WI 549355325 | SecTreas 4 | 0 | | 0 | 0 | | |
| Jerry Post | | | | | | | |
| 7633 Marken Rd Box 81 Saint Nazianz, WI 54232 | Vice DistGov 8 | 0 | | 0 | 0 | | |
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| Pa | rt V Other Information (Note the statement requirements in the instructions for Part V.) | | Yes | No | | | |
|-----|--|--------------|--------|------------|--|--|--|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | | | | | |
| | description of each activity | | | No | | | |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | | Νo | | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? | 35a | | Νo | | | |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | | | | |
| 36 | 6 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 | | | | | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | 36 | | No | | | |
| ь | Did the organization file Form 1120-POL for this year? | 37b | | | | | |
| 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 period covered by this return? | 38a | | Νo | | | |
| Ь | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | | | | | | |
| 39 | Section 501(c)(7) organizations. Enter | | | | | | |
| а | Initiation fees and capital contributions included on line 9 39a | | | | | | |
| ь | Gross receipts, included on line 9, for public use of club facilities 39b | | | | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | | | | | | |
| | section 4911, section 4912, section 4955 | | | | | | |
| 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 | | | | | | |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | | | | | |
| е | 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 | | | | | | |
| 41 | List the states with which a copy of this return is filed 🕨 | | | | | | |
| 42a | The organization's books are in care of ► Gary Colton Telephone no ► (920) 922-7432 | | | | | | |
| | 40 Lallier Lane Located at Fond Du Lac, WI ZIP + 4 | ▶ _54 | 193553 | 25 | | | |
| ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | Ves | N- | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No No | | | |
| | If "Yes," enter the name of the foreign country | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | | |
| c | c At any time during the calendar year, did the organization maintain an office outside of the U S? | | | Νο | | | |
| | If "Yes," enter the name of the foreign country ▶ | | | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | ▶ Г | | | |
| 44 | Did the comments of the state o | | Yes | No | | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of | | | | | | |
| | Form 990-EZ. | 44 | | Νο | | | |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 45 | | Νο | | | |
| | | | 90-E7 | (2000 | | | |

| Form 9 | 90-E | Z (2009) | | | | | | | Page 4 |
|---|--|---|--|-------------------------|--------------------|--|---------|-------------------------------|---------------|
| Part | : VI | Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the | nizations and section | 1 4947(a)(1) nonex | - | | | - | stions |
| 46 D | Did th | e organization engage in direct | or indirect political cam | npaign activities on b | ehalf of or in opp | osition to | | Yes | No |
| candidates for public office? If "Yes," complete Schedule C, Part I | | | | | | 46 | | | |
| 47 D | 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | | 47 | | |
| 48 I | s the | organization a school describe | d ın section 170(b)(1)(| A)(II)? If "Yes," compl | ete Schedule E | | 48 | | |
| 49a D | Did th | e organization make any transfe | ers to an exempt non-ch | harıtable related orga | nızatıon? | | 49a | | |
| b I | [f"Yes | s," was the related organization | a section 527 organiza | ation? | | | 49b | | |
| | | ete this table for the organizati yees) who each received more t | | | | | | | |
| (a) N | | and address of each employee I more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensat | ion employee | tributions to benefit plans & compensation | a | e) Expe ccount er allow | and |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 51 (| Compl | I number of other employees pa ete this table for the organization opensation from the organization | on's five highest compe | | contractors who | each received r | nore th | an \$10 | 0,000 |
| (; | a) Na | me and address of each indepe | ndent contractor paid m | nore than \$100,000 | (b) Type | e of service | (c) (| Compen | sation |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 51(d) | Tota | I number of other independent o | contractors each receiv | ıng over \$100,000 | | | | | |
| Pleas Sign Here | | Under penalties of perjury, I declare t and belief, it is true, correct, and com ****** Signature of officer Gary Colton SecTreas | | | | on of which prepar | | | |
| Paid | | Preparer's signature Gary L Colton Date 2010-09-29 Check if self-empolyed From (See instructions | | | | | | nber | |
| Prepar Use Or | La caracteristic Maria Control of the Control of th | | | | | | | | |
| use Ul | | address, and ZIP + 4 104 S Main St Suite 520 Phone no 1 (92) | | | | | | 920) 922-7432 | |
| | - 1 | Fond Du La | c. WI 549354245 | | | 1 | , | | |

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TY 2009 Other Expenses Schedule

Name: Lions Clubs Intl District 27-B1

EIN: 39-0067520

| Description | Amount |
|----------------------|--------|
| Appreciation Awards | 497 |
| Cabinet Dinners | 2,413 |
| Training & Education | 595 |
| Travel | 700 |
| Miscellaneous | 2,850 |

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| | | |

TY 2009 Other Revenues Schedule

Name: Lions Clubs Intl District 27-B1

EIN: 39-0067520

| Description | Amount |
|---------------------|--------|
| Lions Reimbursement | 1,856 |
| Miscellaneous | 775 |