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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

07/01/09 06/30/10 OMB No 1545-1150 2009

Open to Public Inspection

A	ror the	2009 calendar year, or tax year beginning 01/01/09, and ending 00/30	/10		
В	Check if	applicable Please C Name of organization	D Empl	oyer identification number	
H	Address	label or INTI. I.TONS MENOMONIE I.TONS CILIB	30.	-6095340	
Н	Name ch Initial reti	print or		phone number	
Н	Terminat	ISON DO DOSE 44		5-232-8483	
H	Amende	Specific			p Exemption
Ħ	Application	on pending tions. MENOMONIE WI 54751		Num	•
	Sect	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting	method	Cash X Accrual
		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	<b>&gt;</b>	
1		e: ▶ <u>N/A</u>	H Check ▶	X of the	organization is not
<u>J</u>	Tax-exe	mpt status (check only one) — X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or 5	27 required to 990-EZ, or	990-PF)	edule B (Form 990,
K	Check	if the organization is not a section 509(a)(3) supporting organization and its group	•	-	ore than \$25,000. A
		90-EZ or Form 990 return is not required, but if the organization chooses to file a return, be su			
<u>L</u>		5 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990		<u>▶</u> \$	117,219
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	s (See the instru	$\neg$	or Part I.)
	1	Contributions, gifts, grants, and similar amounts received	•	1	2 100
	2	Program service revenue including government fees and contracts		_2	3,190
	3	·	atement 1	3	6,871 71
	4	Investment income	•	4	
	5a	Gross amount from sale of assets other than inventory  Less cost or other basis and sales expenses  5b	·	$\dashv$ 1	
	b c	Less cost or other basis and sales expenses  Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		-   <sub>5c</sub>	
•		Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	ck here	30	
ğ	a	Gross revenue (not including \$ of contributions	Wilete -		
Revenue	"	reported on line 1) 6a	106,00	)4	
<u>ur</u>	Ь	Less direct expenses other than fundraising expenses 6b	58,62	1	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	47,378
	7a	Gross sales of inventory, less returns and allowances 7a	1,08	<del></del>	
	Ь	Less: cost of goods sold 7b	90		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	177
	8	Other revenue (describe		) 8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	57,687
	10	Grants and similar amounts paid (attach schedule)	·	10	
	11	Benefits paid to or for members	75D	11	
v	12	Salaries, other compensation, and employee benefits  RECEI	VED O	12	
nse	13	Professional fees and other payments to independent contractors	S	13	
<u> </u>	. 14	Occupancy, rent, utilities, and maintenance Q NOV 1.5	2010 [9]	14	
<u>—</u>	15	Printing, publications, postage, and shipping	IOI	15	
<b>e</b> v.	16	Other expenses (describe See Statement 2	—————————————————————————————————————	) 16	95,935
- -	17	Total expenses. Add lines 10 through 16 OGDEN	<u> </u>	17	95,935
ہو ت	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-38,248
ມ⊑∟ ssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			· E0 00 <i>6</i>
LLD UE ( Net Assets	1 00	end-of-year figure reported on prior year's return)		. 19	52,206
֓֞֟׆֟֟֟ <mark>ڲ</mark>			atement 3	_ 20	45,000
-	21 Part	Net assets or fund balances at end of year. Combine lines 18 through 20		21	58,958
	-ait ii	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file			
) ))	Cach	(See the instructions for Part II.)	(A) Beginning of year 52,20		(B) End of year 58,958
		savings, and investments	$\neg$	30,330	
		assets (describe	23		
	Total a		24 06 25	58,958	
		iabilities (describe	52,20	0 26	33,330
		sets or fund balances (line 27 of column (B) must agree with line 21)	52,20		58,958
	_	y Act and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2009

Form 990-EZ (2009) INTL LIONS MENOMONIE LIONS CLU	JB 39	-6095340			Page 2
Part III Statement of Program Service Accomplishments (S	ee the instructi	ons for Part III	.)	Exp	enses
What is the organization's primary exempt purpose?			(F	Required f	or section
CIVIC/SOCIAL/SERVICE/ COMMUNITY			50	)1(c)(3) a	nd 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a $oldsymbol{\mathfrak{a}}$	clear and concise		or	rganizatio	ns and section
manner, describe the services provided, the number of persons benefited, or other rel	evant information fo	or	49	947(a)(1)	trusts, optional
each program title.			fo	r others)	
28					
	•				
			щ		
(Grants \$ ) If this amount includes foreign grants, che	ck here		28a	┼	
29	• • • • • • • • • • • • • • • • • • • •	•	•		
• • • • • • • • • • • • • • • • • • • •			.		
(Grante \$			 29a	1	
(Grants \$ ) If this amount includes foreign grants, che	ck nere		290	+	
	••	•	ł		
		•			
(Grants \$ ) If this amount includes foreign grants, che	 eck here		1 30a	.	
31 Other program services (attach schedule) See Statement 4		····	-   - <u></u>	$\top$	
(Grants \$) If this amount includes foreign grants, che	eck here		31a		95,935
32 Total program service expenses (add lines 28a through 31a)			▶ 32		95,935
Part IV List of Officers, Directors, Trustees, and Key Employees. List each					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	<ul><li>(d) Contri employee be</li></ul>		(e) Expense account and
(a) Hame and address	devoted to position	enter -0)	deferred con		other allowances
PATRICK FUREY MENOMONIE	PRESIDENT			ŀ	
PO BOX 44 WI 54751		<u> </u>	<u> </u>		0
CRAIG KUEHN MENOMONIE	VICE PRESIDE	NT .	ļ	ا	
PO BOX 44 WI 54751  JACK BOWMAN MENOMONIE	VICE PRESIDE	<u> </u>	<del> </del>	0	0
JACK BOWMAN MENOMONIE PO BOX 44 WI 54751	VICE PRESIDE	<u> </u>	`		o
BRAD WAZNIK MENOMONIE	VICE PRESIDN	H.T.			
PO BOC 44 WI 54751		T- o		0	o
JANE KADEMAN MENOMONE	SECRETARY				
PO BOX 44 WI 54751		0		o	0
BRIAN SANDNESS MENOMONIE	TREASURER				
PO BOX 44 WI 54751		0		0	0
DEAN SESTON MENOMONIE	DIRECTOR			-	
PO BOX 44 WI 54751	<del> </del>	0		0	0
DANIEL SMITH MENOMONIE	DIRECTOR			_	_
PO BOX 44 WI 54751		ļ <u>°</u>	<del> </del>	0	0
DEAN LARSON MENOMONIE PO BOX 44 WI 54751	DIRECTOR		ı	0	0
MEDITA NEVALA MENOVONTE	DIRECTOR	<u> </u>	<del> </del>		
PO BOX 44 WI 54751	DIRECTOR			0	,
<del></del>			<u>†                                      </u>		
· · · · · · · · · · · · · · · · · · ·			1		
	1				
	<u> </u>	<u> </u>	<u> </u>		
					_
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	<del> </del>	<del>                                     </del>	<del> </del>		<del> </del>
	1				
	<del> </del>	<del> </del>	†		<del> </del>
			1		<u></u>
			1		
· · · · · · · · · · · · · · · · · · ·	1	1	1		1

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Yes

No

X

Form 990-EZ

Omi 990-E			9-6095340	· · · · · · · · · · · · · · · · · · ·		Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a)					
	. 501(c)(3) organizations and section 4947(a)(1) nonex	empt charitat	ole trusts must a	answer questio	ns 46-49	b
	and complete the tables for lines 50 and 51.					
	ne organization engage in direct or indirect political campaign activities on l	ehalf of or in opp	osition to	1	Yes	No
	idates for public office? If "Yes," complete Schedule C, Part I	<u> </u>	•		46	<del> </del>
	ne organization engage in lobbying activities? If "Yes," complete Schedule	•			47	<del> </del>
	e organization operating a school as described in section 170(b)(1)(A)(ii)? I		Schedule E		48	-
	ne organization make any transfers to an exempt non-chantable related org	janization?			49a	<del> </del>
	rs," was the related organization a section 527 organization?	· · · · · · · · · · · · · · · · · · ·			49b	Д
	plete this table for the organization's five highest compensated employees oyees) who each received more than \$100,000 of compensation from the c	-	•	•		
Citipi	(a) Name and address of each employee paid more	(b) Title and average		(d) Contributions to	(e) Expe	nse
	than \$100,000	hours per week devoted to position	' '	employee benefit plans & deferred compensation	account a other allow	and
		devoted to position		deletted compensation	Outer allow	ances
• • •						
	· · · · · · · · · · · · · · · · · · ·					
					•	
		<u></u>	<u> </u>			
f Total	number of other employees paid over \$100,000	▶ _				
. (6	Name and address of each independent contractor paid more than \$100,000	(1	) Type of service	(c) C	ompensation	
			w			
		•				
					-	
d Total	number of other independent contractors each receiving over \$100,000	•				
	Under penalties of penjury, I declare that I have examined this return, including ac	annonier brod 1	lan and state	dan dan bandari dan dan	4.4	
	and belief, it is true, correct, and complete Declaration of preparer (other than of	icer) is based on all i	nformation of which pre	o to the best of my knov eparer has any knowled	ge ge	
Sign	Date TF			10		
Here	Signature of officer		Date			
	Patrick T turey, Pregdent	· · · · · · · · · · · · · · · · · · ·	-			
	Type or print name and title					
	Preparer's N	Date	Check if self-	Preparer's Iden	tifying Number (	(See instr )
Paid	signature / whar & Obdfield		5/10 employed	391-0	2-1299	)
Prepare		CPA		EIN ▶		
Use Onl	11 dell' ellipio yeu);		<u> </u>	Phone		
	address, and ZIP + 4 Menomonie, WI 54751			no ▶ 715	-235-	<u>425</u> 5
May the IR	S discuss this return with the preparer shown above? See instructions .	· · · · · · · · · · · · · · · · · · ·			X Yes	No
						<b>Z</b> (2009)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public See separate instructions. Inspection

Name of the organization Employer identification number INTL LIONS MENOMONIE LIONS CLUB 39-6095340 Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV. line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ui) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions' col (i) Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Page 2

	art i	•		nization answered Yes to 6a. List events with gross r				
в		(a) Event #1  CAR EVENTS (event type)		(b) Event #2  SPORTING EVENTS (event type)	(c) Other events  None (total number)	(d) Total events (add col (a) through col (c))		
Revenue	1 2	Gross receipts Less: Chantable	68,646	34,120		102,766		
	3	contributions Gross revenue (line 1 minus line 2)	68,646	34,120		102,766		
	4	Cash prizes .						
	5	Noncash prizes						
Ses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses	43,391	14,985		58,376		
	10 11		Add lines 4 through 9 in column (combine line 3, column (d), and line 1	•	<b>&gt;</b>	( 58,376) 44,390		
P	art	III Gaming. Com	plete if the organization ans	swered "Yes" to Form 990,	Part IV, line 19, or repo			
Revenue				(d) Total gaming (Add col (a) through col (c))				
_ Re	1	Gross revenue						
ses	2	Cash prizes						
ct Expenses	3	Noncash prizes .						
Direct	4	Rent/facility costs						
_	5	Other direct expenses						
	6	Volunteer labor <sub>.</sub>	Yes %  X No	Yes %  X  No	Yes %			
	7	Direct expense summary	/ Add lines 2 through 5 in column (	d)		<u></u>		
	8 Net gaming income summary Combine line 1, column d, and line 7							
9 a	Is		e organization operates gaming act o operate gaming activities in each			Yes No		
10a		ere any of the organization "Yes," Explain:	's gaming licenses revoked, suspe	nded or terminated during the tax ye	ear?	10a X		
11 12	Is			ers? a member of a partnership or other	entity	11 X		

Sche	dule G (Fo	rm 990 or 990-EZ) 2009	INTL	LIONS	MENOMONIE	LIONS	CLUB	39-6095	340	Р	age 3
	•									Yes	No
13	Indicate th	he percentage of gaming acti	vity operated	in							
а	_	nization's facility	-					13a	<u>%</u>		
b	An outside	•						13b	%		
14	Provide the	ne name and address of the p	person who p	repares the	organization's gamin	g/special eve	ents books				
	Name >	BRAIN SANDNESS									
		502 OAK PARK CIR	CLE								
	Address >	MENOMONIE				•		WI 54751			
15a	Does the revenue?	organization have a contract	with a third p	-	_	receives gar	ming		15a		x
ь			evenue receiv		rganization ► \$	•		and the	100		-
-		f gaming revenue retained by			.9	•					
С		enter name and address of the				•••					
	Name >										
	Address >					•	•				
16	Gaming n	nanager information <sup>.</sup>									
	Name ▶						•				
	Gaming n	manager compensation ► \$	3								
	Description	on of services provided >									
	Direc	ctor/officer Er	nployee		Independent contract	or					
17	Mandator	ry distributions.									
а	Is the org	ganization required under stat	e law to mak	e chantable	distributions from the	gaming pro	ceeds to				1
		state gaming license?							17a	4	X
Ь		amount of distributions requi				ot organizatio	ons or spent				1
	in the ora	anization's own exempt activ	uties dunna th	ne tax vear	<b>▶</b> \$				ţ.	1	Ŧ.

396095340 INTL LIONS MENOMONIE LIONS CLUB
39-6095340 Federal Statements

FYE: 6/30/2010

# Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

OTHER EXPENSES SEE ATTACHED STATMENT

11/5/2010 9:40 AM

396095340 INTL LIONS MENOMONIE LIONS CLUB
39-6095340 Federal Statements

39-6095340 FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 <u>Amount</u>
DUES	\$ 6,871
Total	\$ 6,871

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

Description	Amoun	<u>t</u>
Expenses	\$	
SEE ATTACHED SCHEDULE	50,	, 935
OTHER PRE PAID EXPENSES	45	,000
Total	\$ 95,	935

## Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description			<u>ount</u>	
Other Increases		\$		45,000
Total		\$		45,000

11/5/2010 9:40 AM