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Form **990-EZ**

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)

▶ 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/1/2009 , and ending 6/30/2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LIONS INTL 5M MULTIPLE DISTRICT GOVERNORS COUNCIL

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
72530 CSAH 27

City, town, or country | State | ZIP + 4
DASSEL | MN | 55325

D Employer identification number
41-1278740

E Telephone number

F Group Exemption Number ▶

• ***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) ▶

I Website: ▶

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

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

K Check ▶ ☐ 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 ▶ $ 147,901

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	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	145,403
	4	Investment income		4	2,498
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	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 ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	147,901
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	34,000
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	2,400
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	132,392
	17	**Total expenses.** Add lines 10 through 16 ▶		17	168,792
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-20,891
	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	310,517
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	289,626

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	307,351	22	282,885
23	Land and buildings		23	
24	Other assets (describe ▶ OFFICE EQUIPMENT)	3,166	24	3,166
25	**Total assets**	310,517	25	286,051
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	310,517	27	286,051

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

(HTA)

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

What is the organization's primary exempt purpose? ADMINISTRATIVE ELEMENT FOR LIONS CLUBS IN MN

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

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

28 THIS ORGANIZATION IS AN ADMINISTRATIVE ELEMENT OF THE LIONS CLUBS IN MINNESOTA, MANITOBA & NORTHWEST ONTARIO

(Grants $) If this amount includes foreign grants, check here . . ▶ ☐ **28a** 168,792

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .

(Grants $) If this amount includes foreign grants, check here . ▶ ☐ **31a**

32 Total program service expenses. (add lines 28a through 31a) . . . ▶ **32** 168,792

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
ROBERT HARMS 72530 CSAH 27 DASSEL MN 55325-2804	Title EXEC SEC Hr/WK 30 00	34,000		
BARB ERNSTER 280 CEDAR LN LEWISTON MN 55952 1473	Title DIRECTOR Hr/WK 1 00			
DARWIN MATHWIG PO BOX 944 ARLINGTON MN 55307	Title DIRECTOR Hr/WK 1 00			
MIKE APPEL PO BOX - 405 PROSPECT LYND MN 56263	Title DIRECTOR Hr/WK 1 00			
DUAINE ESSIG 400 EIDE CIR DR GLENWOOD MN 56334	Title DIRECTOR Hr/WK 1 00			
KEVIN WALSH 16596 JAVELLIN LAKEVILLE MN 55044-8784	Title DIRECTOR Hr/WK 1 00			
CHARLIE ANDERSON 8220 E PT DOUGLAS RD #6 COTTAGE GROVE MN	Title DIRECTOR Hr/WK 1.00			
CLAY O'FLANAGAN 406 - 3RD AVE NW BUFFALO MN 55313	Title DIRECTOR Hr/WK 1 00			
JIM DIEHL 24693 CSAH 75 ST CLOUD MN 56301	Title DIRECTOR Hr/WK 1 00			
JIM ARVIDSON 10858 - 625TH AVE PARKERS PRAIRIE MN 56361	Title DIRECTOR Hr/WK 1 00			
IVAN POLLOCK 103 FIRST ST DRYDEN ON P8N 2S6 Canada	Title DIRECTOR Hr/WK 1 00			
JEANNINE WINDELS 214 GOLF TERRACE DR CROOKSTON MN 56716-11	Title DIRECTOR Hr/WK 1 00			
JOSIP LECNIK BOX 468 TEULON MB R0C 3B0 Canada	Title DIRECTOR Hr/WK 1 00			
JUDY LOKEN PO BOX 50 - 206 8TH ST SANDSTONE MN 55072	Title COUNCIL CHR Hr/WK 1 00			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			

Part 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.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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			
a	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		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ ; section 4955 ▶ _____			
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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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.	40e		X
41	List the states with which a copy of this return is filed ▶ MN			
42 a	The organization's books are in care of ▶ ROBERT HARMS Telephone no ▶ 320/398-8591			
	Located at ▶ 72530 CASH 27 City Dassel ST MN ZIP + 4 ▶ 55325-2804			
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)?	42b		X
	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	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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 ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

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

N/A

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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
Name None Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Sign Here

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 Robert Harms Date 10-28-10

▶ ROBERT HARMS Type or print name and title EXEC SEC

Paid Preparer's Use Only

Preparer's signature ▶ Edwin Holst	Date 10/28/2010	Check if self-employed ▶ [X]	Preparer's identifying number (See instructions) P00852341
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Holst Tax Acctg Box 334 - 143 Lake Ave N, Spicer, MN 56288			EIN ▶ Phone no ▶ (320) 796-2129

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ [ ] Yes [X] No

Part I, Line 16 (990-EZ) - Other Expenses

1	Travel	1	132,392
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	
13	SECRETARY SERVICE	13	2,153
14	PAYROLL TAXES	14	2,811
15	TRAVEL EXPENSES	15	8,082
16	OFFICE SUPPLIES	16	1,576
17	POSTAGE	17	808
18	TELEPHONE	18	1,083
19	MULTIPLE DIRECTORY	19	8,349
20	INSURANCE	20	615
21	PIN EXPENSE	21	8,554
22	AUDIT EXPENSE	22	2,390
23	MISC OFFICE EQUIPMENT	23	3,620
24	MISC OFFICE EXPENSE	24	942
25	HALL OF FAME EXPENSE	25	804
26	LEASE /MAINT/OFFICE EQUIPMENT	26	2,609
27	COUNCIL MTGS	27	3,455
28	GOVERNORS EXPENSE	28	2,710
29	COUNCIL CHAIRMAN	29	6,395
30	GOVERNOR ELECTS	30	4,767
31	MISC COUNCIL EXPENSE	31	30
32	MEMBERSHIP DEVELOPMENT	32	349
33	LEADERSHIP DEVELOPMENT	33	7,530
34	LONG RANGE PLANNING	34	226
35	CONST & bYLAWS	35	185
36	INTL CONV MULTI BAND	36	
37	ORIENTATION	37	592
38	INTL CONV HOSP RM	38	
39	LEGAL EXP	39	1,126
40	PEACE POSTER	40	100
41	GEO ASST AREA FUND	41	10,445
42	MULTIPLE CONV (ANNUAL MEETING)	42	11,854
43	MERLO	43	12,059
44	LEO EXPENSE	44	8,173
45	TRF TO INTL DIRECTOR CAMPAIGN	45	18,000
46		46	
47		47	
48		48	
49		49	
50		50	
51		51	
52		52	
53		53	
54		54	
55		55	
56		56	
57		57	
58		58	
59		59	
60		60	
61		61	
62		62	

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	2,498
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	2,498