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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)

OMB No 1545-1150

2009

Open to Public
Inspection

► 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

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable	C Name of organization LIONS INTERNATIONAL - PILLAGER		D Employer identification number 41-1596230
<input type="checkbox"/> Address change	Please use IRS label or print or type See Specific Instructions.		E Telephone number 218-838-0197
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) PO BOX 236		F Group Exemption Number 0239
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4 PILLAGER MN 56473		
<input type="checkbox"/> Amended return			G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<input type="checkbox"/> Application pending			

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

I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c) (**4**) □ (insert no) 4947(a)(1) or 527K 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 returnL 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 ► \$ **110,886****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	5,870
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	1,025
4 Investment income	4	20
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 ► <input checked="" type="checkbox"/>	6a	103,971
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	110,675
b Less direct expenses other than fundraising expenses	6c	-6,704
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
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 ► See Statement 1)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	211
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	
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 ► See Statement 2)	16	1,415
17 Total expenses. Add lines 10 through 16	17	1,415
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,204
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	15,586
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	14,382

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	15,298	22 13,999
23 Land and buildings		23
24 Other assets (describe ► See Statement 3)	302	24 393
25 Total assets	15,600	25 14,392
26 Total liabilities (describe ► See Statement 4)	14	26 10
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,586	27 14,382

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

Form 990-EZ (2009)

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

Expenses

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

What is the organization's primary exempt purpose?

See Statement 5

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

28 See Statement 6

(Grants \$) If this amount includes foreign grants, check here ► 28a 1,415

29

(Grants \$) If this amount includes foreign grants, check here ► 29a _____

30

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)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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
LARRY BYBEE PO BOX 236	PILLAGER MN 56473	BOARD MEMBER 1.00	0	0
JIM AUSLAND PO BOX 236	PILLAGER MN 56473	PRESIDENT 1.00	0	0
LEROY SMITH PO BOX 236	PILLAGER MN 56473	CURRENT GAMBLING MGR 15.00	700	0
DOUG ALLEN PO BOX 236	PILLAGER MN 56473	VICE PRES 1.00	0	0
LYNN RICHARDSON PO BOX 236	PILLAGER MN 56473	TREASURER 1.00	0	0
BETH ARNOLD PO BOX 236	PILLAGER MN 56473	SECRETARY 1.00	0	0
MARY BYBEE PO BOX 236	PILLAGER MN 56473	BOARD MEMBER 1.00	0	0
JILL CLARK PO BOX 236	PILLAGER MN 56473	BOARD MEMBER 1.00	0	0
GERRY WILSON PO BOX 236	PILLAGER MN 56473	BOARD MEMBER 1.00	0	0
SHIRLEY SMITH PO BOX 236	PILLAGER MN 56473	PAST GAMBLING MGR 15.00	4,000	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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 35a

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? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36

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

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a

b 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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40a , section 4955 ► 40a

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

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 40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed ► MN42a The organization's books are in care of ► **LYNN RICHARDSON**
PO BOX 236Telephone no ► **218-746-3899**Located at ► **PILLAGER, MN**ZIP + 4 ► **56473**

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 ► 42b 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.?

If "Yes," enter the name of the foreign country ► 42c 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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

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
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 operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	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."		

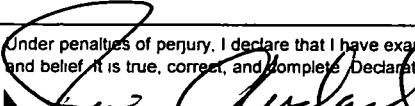
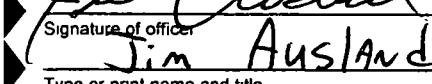
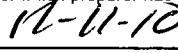
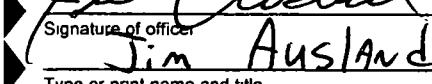
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here  Signature of officer  Type or print name and title	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  Date	
	 CEO	

Paid Preparer's Use Only	Preparer's signature	11/03/10	Check if self-employed	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Mayer, Porter, Beinhorn & Rowe, LTD PO Box 206 Staples, MN 56479	<input type="checkbox"/>	P00090091 EIN ► 41-2014047 Phone no ► 218-894-1399

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (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

2009

Open To Public
Inspection

Name of the organization

LIONS INTERNATIONAL - PILLAGER

Employer identification number
41-1596230

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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?

Yes No

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

3 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

Part II 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	None (total number)	
1	Gross receipts				
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary Add lines 4 through 9 in column (d)				► ()
11	Net income summary Combine line 3, column (d), and line 10				► ()

Part III 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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue		102,093		102,093
2	Cash prizes		80,491		80,491
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses		29,984		29,984
6	Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				► () 110,475
8	Net gaming income summary Combine line 1, column d, and line 7				► () -8,382

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?
b If "No," Explain

	Yes	No
9a	X	
10a		X
11	X	
12		X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 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?

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **LEROY SMITH**
 PO BOX 236

Address ► **PILLAGER**

13a	%
13b	100.00 %

MN 56473

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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 ► **LEROY SMITH**Gaming manager compensation ► \$ **1,600**Description of services provided ► **GAMBLING MANAGER**

Director/officer 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?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ **7,058**15a **X**17a **X**

Special Events Schedule		2009
Form 990	For calendar year 2009, or tax year beginning 07/01/09 and ending 06/30/10	
Name	Employer Identification Number	
LIONS INTERNATIONAL - PILLAGER	41-1596230	

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

Description	Amount
MEMBER DUES	\$ 1,025
Total	\$ <u>1,025</u>

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

Description	Amount
Expenses	\$
SUPPLIES	292
DUES	<u>1,123</u>
Total	\$ <u>1,415</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Inventories for Sale or Use	\$ 302	\$ 393
EQUIPMENT	10,772	10,772
Less Accumulated Depreciation	<u>10,772</u>	<u>10,772</u>
	<u>302</u>	<u>393</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 14	\$ 10
	<u>14</u>	<u>10</u>

Federal Statements**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

THE LIONS CLUB PROVIDES HUMANITARIAN SERVICES IN THE PILLAGER COMMUNITY.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

THE LIONS CLUB IS ORGANIZED TO PERFORM HUMANITARIAN SERVICES, COMMUNITY ACTIVITIES, YOUTH EXCHANGE PROGRAM, AND MAKE THE COMMUNITY AWARE OF THE LIONS AND LIONS INTERNATIONAL PROJECTS. THIS WAS ACCOMPLISHED THROUGH THE MINT SALE AND HUNTERS DINNER FUNDRAISERS ALONG WITH THE SUPPORT OF OUR CHARITABLE GAMBLING.

Federal Statements**Special Events Direct Expenses**

Description	Amount
Column B	\$
HUNTERS SUPPER	200
Supplies	
SubTotal	200
 Total	 200

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.