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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

C Name of organization
Lions Club of Chanhasseen
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 484
 City, town, or country State ZIP + 4
Chanhasseen MN 55317

D Employer identification number
41-1720867

E Telephone number
(952) 361-0090

F Group Exemption Number ☐

G Accounting Method. ☐ Cash ☒ Accrual
 Other (specify) ☐

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

I Website: n/a

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

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 **\$ 61,938**

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 0**

2 Program service revenue including government fees and contracts **2 1,585**

3 Membership dues and assessments **3**

4 Investment income **4 22**

5a Gross amount from sale of assets other than inventory **5a 0**

b Less cost or other basis and sales expenses **5b 0**

c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) **5c 0**

6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ 0 of contributions reported on line 1) **6a 60,331**

b Less: direct expenses other than fundraising expenses **6b 36,986**

c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) **6c 23,345**

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 0**

8 Other revenue (describe RECEIVED NOV 01 2010) **8 0**

9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 **9 24,952**

Expenses

10 Grants and similar amounts paid (attach schedule) **10 15,969**

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 **13 926**

14 Occupancy, rent, utilities, and maintenance **14**

15 Printing, publications, postage, and shipping **15**

16 Other expenses (describe See Attached Statement) **16 3,141**

17 **Total expenses.** Add lines 10 through 16 **17 20,036**

Net Assets

18 Excess or (deficit) for the year (Subtract line 17 from line 9) **18 4,916**

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 3,137**

20 Other changes in net assets or fund balances (attach explanation) **20 0**

21 Net assets or fund balances at end of year. Combine lines 18 through 20 **21 8,053**

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	3,137	22 8,053
23 Land and buildings		23
24 Other assets (describe <u>See Attached Statement</u>)	0	24 0
25 Total assets	3,137	25 8,053
26 Total liabilities (describe <u>See Attached Statement</u>)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,137	27 8,053

Expenses

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

28 Donations to Bridging, CAP agency, Lions, Prop, municipal and individual donations and scholaraships.

.....

(Grants \$ 15,969) If this amount includes foreign grants, check here ▶ ☐

28a	0
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29

(Grants \$ 0) If this amount includes foreign grants, check here . ☐

29a	0
-----	---

30

(Grants \$ 0) If this amount includes foreign grants, check here . . .

30a	0
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31 Other program services (attach schedule)				
---	--	--	--	--

(Grants \$ 0) If this amount includes foreign grants, check here ☐

31a	0
-----	---

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

32	0
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)
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[illegible]

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.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
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 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.		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 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		X
41 List the states with which a copy of this return is filed. 41		
42 a The organization's books are in care of 42a Dan Mertes Telephone no. 42a (952) 361-0090		
Located at 42a 8671 Flamingo Drive City Chanhassen ST MN ZIP + 4 42a 55317		
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)?	Yes	No
If "Yes," enter the name of the foreign country: 42b		X
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		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 ☐ 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.	Yes	No
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.		X
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.

- 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. Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 46 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 <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 0	0	0

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 <u>None</u> 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	Date <u>10-25-10</u>		
Paid Preparer's Use Only	Type or print name and title <u>DANIEL MERTES TREASURER</u>			
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Lipinski Accounting & Tax Services, LLC</u> <u>470 West 78th Street, Chanhassen, MN 55317</u>	Date <u>10/18/2010</u>	Check if self-employed ☐	Preparer's identifying number (See instructions) EIN <u> </u> Phone no <u>(952) 767-3132</u>
	May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No			

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.

2009

~~Open To Public~~
Inspection

Lions Club of Chanhassen

41-1720867

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.

- d** ☐ In-person solicitations

- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

- 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.

		(a) Event #1 <u>Christmas Tree Sale</u> (event type)	(b) Event #2 <u>Golf Tournament</u> (event type)	(c) Other events <u>4</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	31,647	21,464	7,220	60,331
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	31,647	21,464	7,220	60,331
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	18,651	15,743	2,592	36,986
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(36,986)
	11 Net income summary. Combine line 3, column (d), and line 10				23,345

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				0

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain: _____

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a**

%

b An outside facility**13b**

%

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

Name ▶

Address ▶

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

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶

☐ 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?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

15,969

0

0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
800								
319								
1,966								
1,400								
500								
750								
4,525								
900								
200								
200								
150								
70								
200								
500								
300								
239								
450								
2,500								

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

3,141

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Adopt a highway	13	85
14	Bank Charges	14	75
15	Christmas Party	15	134
16	Copies	16	92
17	Guest dinner	17	2,216
18	Leos	18	120
19	Miscellaneous	19	90
20	Postage	20	10
21	Administration	21	319
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	