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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Form **990-EZ** (2009)

Δ	For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30	. 2010
		ployer identification number
Ī	Diago	1-1786360
	Name change liabel or OF I TONS TNC	ephone number
	Initial solution DAG OMIL CORDER NO	07-279-3214
	Termination Specific PLAINVIEW, MN 55964	07-279-3214
_		oup Exemption
1		mber •
	 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 metho Other (specify) ► 	d: X Cash Accrual
	H Check ► X if t	the organization is not
1		Schedule B (Form 990,
7	Tax-exempt status (check only one) $ A = 301(c) + 4 = 4347(a)(1)$ or $ A = 327$	/-
ĸ	Check X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are nore \$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	maily not more than e 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	DA 22 004
6	Instead of Form 990-EZ	►\$ 22,824.
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	
	_1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts.	1 2
	3 Membership dues and assessments.	3 17,816.
	4 Investment income	4 212.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c
REVENU	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here.	
E	a Gross revenue (not including \$ of contributions	73,21
Ü	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	
2010	b Less cost of goods sold	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
⊖ ≓	8 Other revenue (describe ► SEE STATEMENT 1	8 4,796.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 22,824.
) 	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
\Box $\overset{E}{x}$	12 rSalaries, other compensation, and employee benefits	12
ЩP	13 Professional rees and other payments to independent contractors	13
ANNED	14 Occupancy, rent, utilities, and maintenance	14
		15 125.
SCA	15 Amting publications postage and shipping 16 Other expenses (describe SEE STATEMENT 2)	16 23, 226.
(I)	17 Total expenses Add lines 1000 rough 16	17 23,351.
	18 Excess (California year (Subtract line 17 from line 9)	18 -527.
Ą		
N S E S T E	figure reported on prior year's return)	19 9,308.
TE	20 Other changes in net assets or fund balances (attach explanation)	20
S	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21 8,781.
Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ead of Form 990-EZ.
	(See the instructions for Part II) (A) Beginning of ye	
22		
23	3 Land and buildings	23
24	· · · · · · · · · · · · · · · · · · ·	24
25	<u> </u>	
20	· · · · · · · · · · · · · · · · · · ·	
2	7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 9, 308	. 27 8,781.

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

	990-EZ (2009) DISTRICT 5M-1]				<u>-178</u>	36360	Page 2
Par	III: Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	-	Expense	5
What is	s the organization's primary exempt purpose? SE	E STATEMENT 3			(Reg 5016	uired for sect c)(3) and (4) nizations and (a)(1) trusts, thers)	IOU
Desci	ribe what was achieved in carrying out the the services provided, the number of	ne organization's exempt purp	oses. In a clear and co	ncise manner,	orga	niżations and	section
progr	ibe the services provided, the number o am title	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts,	optional
28						1	
20				-			
		 					
	(Grants \$) If the	nis amount includes foreign gr	rants, check here	<u> </u>	28 a		
29							
			-				
	(Grants \$) If the	his amount includes foreign or	rants check here		29 a		
30	711.0	no arrivant meradeo fereign gr	anto, oncor nore				
30	- 	·	-]	
			,,,			1	
		his amount includes foreign gr	rants, check here		30 a		
31	Other program services (attach schedul	•		. 🗂			
		nis amount includes foreign gr	rants, check here		31 a		
	Total program service expenses (add I			<u> </u>	32	<u></u>	
Par	t IV- List of Officers, Directors			ne even if not com	pens	ated (See the	e instrs.)
		(b) Title and average hours		(d) Contributions	to	(e) Expense	account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar — deferred compensa	ns and	and other al	<u>lowances</u>
MAD	K-MARREEL			- deferred compensa			
	·	TREASURER	0.		0.		0.
	3 59TH ST NW	5.00					
	HESTER, MN 55901					j	
BAR	B ERNSTER	DIST. GOVERNOR	0.		0.	•	0.
280	CEDAR LANE	40.00				İ	
LEW	ISTON, MN 55952	1				į	
	DI FRAVERT	1ST VICE D. GOV	0.		0.		0.
	9TH ST NW	5.00	0.		٥.	ļ	υ.
	·	-					
	INVIEW, MN 55964						
	SCHLICHENMEYER	2ND VICE D GOV	0.		0.		0.
	2 MORSE AVE	5.00				1	
ST	CHARLES, MN 55972						
ROS	IE WADEWITZ	SECRETARY	0.		0.		0.
317	KNOPP VALLEY DR	5.00				1	
	ONA, MN 55987					1	
	NORTON	PAST DIST GOV	0.		0.		
	5TH AVE SE	5.00			υ.	İ	0.
	· 					İ	
KAS	SON, MN 55987						
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Located at ► 2623 59TH ST NW ROCHESTER MN ZIP + 4 ► 5590	1		
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
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 a Foreign Bank and Financial Accounts.	<u></u>		
c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		Х
If 'Yes.' enter the name of the foreign country.			

of Form 990-EZ	unds? If 'Yes,' Form 990 must be completed instead	► 43 ? If 'Yes,'	44	 N/A N/A No X X
44 Did the organization maintain any donor advised fu	ved or accrued during the tax year	▶ 43	. 44	 N/A No
and enter the amount of tax-exempt interest receiv		▶ 43		 N/A
and enter the amount of tax-exempt interest receive		► 43		
43 Section 4947(a)(1) nonexempt charitable trusts filing	ng Form 990-EZ in lieu of Form 1041 — Check here			 NT / N

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Form **990-EZ** (2009)

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) non	exempt charitab	t charitable trusts onl le trusts must answer	l y. All se questio	ction ns	
	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule (the organization engage in lobbying activity			or in opposition to candidate	es 46 47	Yes	No
	ne organization engage in lobbyling activit ne organization a school as described in se			hedule F	48		
	the organization make any transfers to an		<u>.</u>		49a		
	es,' was the related organization a section	•			49b		
50 Con	nplete this table for the organization's five ployees) who each received more than \$10	highest compensated er	nployees (other than	n officers, directors, trustee n If there is none, enter 'N	es and key lone '		
	(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 and deferred compensation	(e) Ex accou other all	pense nt and owances	<u>. </u>
E1 Can	nalata this table for the erganization's five	highest componented in	danaadaat aaatraat	are who cook recoved more	a 4han #10	000	-4
51 Con	nplete this table for the organization's five ipensation from the organization. If there in (a) Name and address of each independent control		dependent contracto	ors who each received more (b) Type of service	e than \$10		
51 Con com			dependent contracto				
51 Con com			dependent contracto				
51 Con con			dependent contracto				
51 Concorn			dependent contracto				
	(a) Name and address of each independent contraction of each independent contractions of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction of each independent contraction	actor paid more than \$100,000					
		actor paid more than \$100,000		(b) Type of service			
d Tota	al number of other independent contractors Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer (actor paid more than \$100,000	00,000	(b) Type of service	(c) Com	pensatio	n
	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have examinating, correct, and complete Declaration of preparer (Signature of office(MARK MARREEL	actor paid more than \$100,000	00,000	atements, and to the best of my knowaer has any knowledge	(c) Com	pensatio	n
d Tota	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have examination, correct, and complete Declaration of preparer (Signature of office)	actor paid more than \$100,000	00,000 Apanying schedules and state of the preparation of which prepara	atements, and to the best of my known barer has any knowledge	(c) Comp	pensatio	n s
d Tota	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have examinate, correct, and complete Declaration of preparer (MARK MARREEL Type or print name and title Preparer's signature Mag R	actor paid more than \$100,000 seeach receiving over \$1 nined this return, including accondition other than officer) is based on all	00,000 Inpanying schedules and state of which prepared to the	aterments, and to the best of my known barer has any knowledge //////// /// /// /// Date TREASURER	(c) Com	elief, it is	n s
Sign Here	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have examinate, correct, and complete Declaration of preparer (MARK MARREEL Type or print name and title Preparer's signature Firm's name (or HILL, LARSON, W	actor paid more than \$100,000 s each receiving over \$1 nined this return, including acconditer than officer) is based on all ALTH & BENDA, P	00,000 npanying schedules and state of which preputation of which prepu	atements, and to the best of my known barer has any knowledge TREASURER Check if self-employed Processing and the processing and the self-employed Processing and the processing and the self-employed Processing and the self-employ	wledge and be eparer's Identice instructions 0 0 0 6 4 0 9	elief, it is	n s
d Tota Sign Here Paid Pre-	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have examinate, correct, and complete Declaration of preparer (MARK MARREEL Type or print name and title Preparer's signature Firm's name (or HILL, LARSON, W	s each receiving over \$1 simed this return, including accondition officer) is based on all the state of the	00,000 Inpanying schedules and state of which prepared to the	atements, and to the best of my known barer has any knowledge TREASURER Check if self-employed Processing and the processing and the self-employed Processing and the processing and the self-employed Processing and the self-employ	wledge and be eparer's Identices instructions 0006409	fying Nu	s

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2009	FEDERAL STATEMENTS DISTRICT 5M-1 INTERNATIONAL ASSOCIATION		PAGE 1
CLIENT 5M-1	OF LIONS, INC.		41-1786360
STATEMENT 1 FORM 990-EZ, PART I, LIN OTHER REVENUE	NE 8		
REIMBURSEMENT FOR EX	PENSE	TOTAL \$	4,796. 4,796.
STATEMENT 2 FORM 990-EZ, PART I, LIN OTHER EXPENSES	IE 16		
BANK CHARGES CONFERENCES, CONVENT: MEALS NEWSLETTERS SUPPLIES TRAVEL	IONS, AND MEETINGS	. \$	56. 9,094. 2,515. 6,100. 2,908. 2,553.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE INFORMATION AND TRAINING TO LIONS MEMBERS IN SOUTH EASTERN MINNESOTA.

TOTAL \$