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Short Form
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		7/01	, 2009, and ending		6/30	, 2010	
B Check if applicable		C				D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type. See Specific Instructions.	LIONS INTERNATIONAL SHAKOPEE P.O. BOX 254 SHAKOPEE, MN 55379				41-6030692	
<input type="checkbox"/> Name change						E Telephone number (952) 496-3773	
<input type="checkbox"/> Initial return						F Group Exemption Number ► 0239	
<input type="checkbox"/> Termination							
<input type="checkbox"/> Amended return							
<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: ► www.shakopeelions.org	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) □ (insert no) 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
K Check ► <input type="checkbox"/> 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 ► \$ 460,164.

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 8,605.
	4 Investment income	4 1,618.
	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"/>	
	a Gross revenue (not including \$0) of contributions reported on line 1)	6a 449,941.
	b Less direct expenses other than fundraising expenses	6b 403,337.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 46,604.	
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 56,827.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	See Statement 1
	11 Benefits paid to or for members	10 69,626.
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe ► See Statement 2)	15 12,086.
17 Total expenses. Add lines 10 through 16	16 12,086.	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 81,712.
	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)	18 -24,885.
	20 Other changes in net assets or fund balances (attach explanation)	19 146,905.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20
		21 122,020.

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)			
2010	(A) Beginning of year	(B) End of year	
	22 Cash, savings, and investments	144,582.22	121,091.
	23 Land and buildings	23	
	24 Other assets (describe ► See Statement 3)	2,897.24	951.
	25 Total assets	147,479.25	122,042.
	26 Total liabilities (describe ► See Statement 4)	574.26	22.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	146,905.27	122,020.

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

Form 990-EZ (2009)

Part V. Other Information (Note the statement requirements in the instrs 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	X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A		
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	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	0.
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 ► None		
42a The organization's books are in care of ► James Streefland Telephone no ► (952) 496-3773 Located at ► 1240 E Third Ave, Shakopee, MN ZIP + 4 ► 55379		
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	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A 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.

		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	
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.'

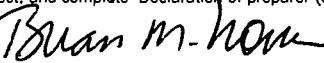
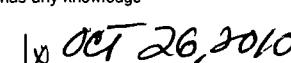
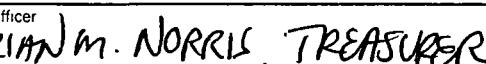
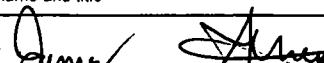
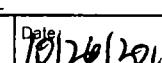
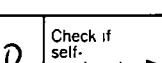
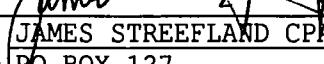
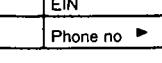
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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f 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	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  Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 	Check if self-employed <input checked="" type="checkbox"/> Preparer's Identifying Number (See instructions)  P00370251
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 	Phone no  (952) 496-3773

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

BAA

Yes No
 Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

LIONS INTERNATIONAL SHAKOPEE

41-6030692

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, Line 17. Form 990EZ 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.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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.

Total

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 Softball Tourn (event type)	(b) Event #2 Golf Tourn (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	55,557.	25,270.	9,082.	89,909.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	55,557.	25,270.	9,082.	89,909.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,260.	6,750.	8,226.	55,236.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				55,236.
	11 Net income summary. Combine lines 3, column (d) and line 10				34,673.

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		360,032.		360,032.
DIRECT EXPENSES	2 Cash prizes		296,984.		296,984.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		51,117.		51,117.
	6 Volunteer labor	Yes 0% <input checked="" type="checkbox"/> No	Yes 0% <input checked="" type="checkbox"/> No	Yes 0% <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				348,101.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				11,931.

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

9a	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

b If 'Yes,' explain

10a	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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?

11	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

12	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	
13b	100.0 %	

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

Name ► James Streefland CPA

Address ► 1240 E 3rd Ave, Shakopee, MN 55379

15a Does the organization have a contact 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 ► Mark Gruetzmacher

Gaming manager compensation ► \$ 5,400.

Description of services provided. ► Supervises 2 locations

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a X

17a X

2009**Federal Statements****Page 1****Client 0004****LIONS INTERNATIONAL SHAKOPEE****41-6030692**

10/25/10

04.13PM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name: See attached list
Cash Amount Given: \$ 69,626.

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

Conferences, Conventions, and Meetings	\$ 548.
Dues	5,263.
Office Expenses	6,275.
Total	\$ <u>12,086.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 2,265.	\$ 0.
Inventories	632.	951.
Total	<u>\$ 2,897.</u>	<u>\$ 951.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 574.	\$ 22.
Total	<u>\$ 574.</u>	<u>\$ 22.</u>

Client 0004

LIONS INTERNATIONAL SHAKOPEE

41-6030692

10/25/10

04 13PM

Form 990-EZ, Part I, line 10
Grants & similar amounts paid

Senior Citizens Christmas Party	2,545.
American Cancer Society	5,000.
Boy Scouts	250.
CAP Agency	6,000.
Caring Bridge	100.
Children's Eye Clinic	100.
DNR Firearms Safety	550.
Dollars for Scholars	2,000.
Journey for Service	1,000.
Juvenile Diabetes Research Fdn	1,000.
Kids Day America	400.
Kids Fishing	764.
Kids Voting	500.
LegionVille	400.
Liberty Days	970.
Lions Club International	2,250.
Lions Eye Bank	2,000.
Lions Hearing Foundation	2,000.
Lions Leader Dog	1,500.
Magnify Abilities	1,000.
Mobile Health Clinic	1,000.
Muscular Dystrophy	400.
Needy Shakopee Residents	4,361.
Project New Hope	1,000.
River Valley YMCA	1,000.
River Valley Theater	2,000.
Scott County Law Enforcement Memorial Fund	600.
Scott County Library	1,000.
Scott County Meth Task Force	950.
Scott County Volunteer Recognition	200.
Shakopee Bloodmobile	1,000.
Shakopee Crime Prevention	750.
Shakopee Education Endowment	1,000.
Shakopee Football Boosters Club	500.
Shakopee Girl Scouts	300.
Shakopee Lions Park	1,786.
Shakopee All Night Party	1,000.
Shakopee Parks & Recreation	1,000.
Shriners Childrens Hospital	700.
Smiles for Christmas	2,000.
Special Olympics	5,100.
St Francis Foundation	1,000.
Tee it up for the Troops	8,000.
U of M Lions Diabetes Research	1,000.
United christian Hands	1,000.
Various Shakopee Youth	400.
Miscellaneous	250.
Total	69,626.