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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)

► 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 July 1, , 2009, and ending June 30 , 20 10

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 International St. Charles

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P. O Box 1545

City or town, state or country, and ZIP + 4
St. Charles, Missouri 63302

D Employer identification number
43-6063646

E Telephone number
314-532-9697

F Group Exemption Number ► 0239

• *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) ►

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

I **Website:** ►

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 ► $ 68,857

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	2,993
	4	Investment income		4	23
	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 65,841		
	b	Less. direct expenses other than fundraising expenses	6b 20,687		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	45,154
	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	48,170
Expenses	10	Grants and similar amounts paid (attach schedule)		10	20,904
	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	225
	14	Occupancy, rent, utilities, and maintenance		14	6,686
	15	Printing, publications, postage, and shipping		15	1,647
	16	Other expenses (describe ► **See attached.**)		16	17,166
	17	**Total expenses.** Add lines 10 through 16 ►		17	46,628
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,542
	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	224,298
	20	Other changes in net assets or fund balances (attach explanation)		20	(2,479)
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	223,361

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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	20,403	22	39,466
23	Land and buildings	158,895	23	158,895
24	Other assets (describe ► U. S. T Bills)	45,000	24	25,000
25	**Total assets**		25	
26	**Total liabilities** (describe ► _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	224,298	27	223,361

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

What is the organization's primary exempt purpose? **Civic and Social Welfare**

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	Contributions to various charities, hospitals and schools List attached. (Grants $ 15,564) If this amount includes foreign grants, check here ▶ ☐	28a	15,564
29	Provide eyecare assistance to needy individuals. All contributions given to Midwest Eye Associates, Inc., 1384 S. 5th St., St. Charles, MO 63301 (Grants $ 5,340) If this amount includes foreign grants, check here ▶ ☐	29a	5,340
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	20,904
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

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
Tony Lay 3786 Arcadia Dr , St. Charles, MO 63301	President	0	0	0
Gerry Shatro 907 Lindenwood Ave., St. Charles, MO 63301	Vice President	0	0	0
Art Raymo 6 Cave Springs Ct , St Peters, MO 63376	Vice President	0	0	0
Tony Davis 28 Carriage Way W, St. Peters, MO 63376	Vice President	0	0	0
Mary Shores 204 Briar Valley Ct., St Peters, MO 63304	Secretary	0	0	0
Angela Lay 3786 Arcadia Dr., St Charles, MO 63301	Treasurer	0	0	0
Mark Holmes 3063 Abbey St., St. Charles, MO 63301	Lion Tamer	0	0	0
Bill Meinhold 1150 Wedgewood, St. Charles, MO 63303	Tail Twister	0	0	0
Chuck Callier 2980 Elbe, St Charles, MO 63301	Past President	0	0	0
Bob Roseman 9 Palomar Dr., St. Peters, MO 63376	Past President	0	0	0
Trudy Roseman 9 Palomar Dr., St. Peters, MO 63376	Membership	0	0	0
Rick Nault 443 Lantana Lane, St Peters, MO 63376	Membership	0	0	0
Trish Callier 2980 Elbe, St Charles, MO 63301	Director	0	0	0
Bill Meinhold 1150 Wedgewood, St Charles, MO 63303	Director	0	0	0
Robert Wagner 306 Birdie Hills Rd , St Peters, MO 63376	Director	0	0	0
Wally Payne 11150 WE Ave., Apt K, St. Ann, MO 63074	Director	0	0	0

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		✓
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.			
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		✓
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		✓
37a	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		✓
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:			
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			
40a	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		✓
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		✓

41 List the states with which a copy of this return is filed ▶ **None.**

42a The organization's books are in care of ▶ **Darlene Lay** Telephone no ▶ **314-532-9697**
Located at ▶ **10659 Decker Ave., St Louis, MO 63114** ZIP + 4 ▶

			Yes	No
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		✓
	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 ? 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

			Yes	No
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 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 . ▶ _____

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

Sign Here

▶ Darlene E. Lay — Signature of officer — Date: Nov 9 '2010

▶ Darlene Lay, Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
[signature]	11-9-10		P00347140

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no ▶
Liberty Tax Service 9016 St Charles Rock Road, St. Louis, MO 63114	05-0538840	314-733-1040

May the IRS discuss this return with the preparer shown above? See instructions . . ▶ ☑ Yes ☐ No

2009 Form 990-EZ, Lions International St. Charles, EIN 43-6063646

Part I, Line 16, Other Expenses

Dues paid to Lions International	$6,037.97
Office Supplies	$4,563.38
Other	$6,503.68
Bank Fees	$ 60.90
	$17,165.93

2009 Form 990-EZ, Lions International St. Charles, EIN 43-6063646

Part I, Line 10

Membership	Mundy fund	$120.00
Account	District convention	$ 60.00
	Harvester Lions	$154.50
		$334.50
Bingo	Mid est eye	$100.00
Account	St Charles Opital	$100.00
	St Charles School District foundation	$250.00
	Salvation Army	$200.00
	St Charles Police Assoc	$250.00
	Supreme turf product	$159.00
	American Roadshow Car Club	$ 50.00
	Marine Corp League	$100.00
	Lions Opportunity for Youth	$100.00
	St Charles Park Dept	$200.00
	St Charles Park Rangers	$231.25
	MS	$200.00
	Boys and Girls Club	$500.00
	Harvester Lions Club	$100.00
	St Charles Police	$100.00
	USO of Mo	$500.00
	Honkers Car Club	$ 50.00
	Orchard Farm Natl Honor Soc	$400.00
	Toys for Tots	$500.00
	Salvation Army	$500.00
	St Charles Parks	$100.00
	Jr Lions Football	$100.00
	Mo Lions	$ 75.00
	St Peters Catholic Church	$400.00
	Family Support Services	$200.00
	American Diabetes	$650.00
	Poster winner	$ 50.00
	Borromeo Catholic Church	$400.00
	Boys and Girls Club	$100.00
	District raffle tickets	$ 50.00
	Earthquake relief	$500.00
	St Charles West Tradition	$100.00
	MLERF	$1,000.00
	Leader Dog	$500.00
	District Sight Fund	$1,000.00
	LWSB	$500.00

TBISI Diabetic Camp	$500.00
Gift card	$ 50.00
Plaque donation	$ 64.50
Duchesne High School	$100.00
Mid south	$500.00
Therapeutic Horsemanship	$500.00
Therapeutic Horsemanship	$200.00
Loaves and Fishes Easter	$200.00
Star Enterprises	$350.00
Salvation Army	$200.00
Mo School for Blind	$500.00
Mo School for Blind	$1,000.00
Orchard Farm High School	$100.00
ALA 312	$100.00
Susan Komen Foundation	$500.00
Lions District 26	$ 50.00
	$15,229.75
Total	$15,564.25 (to Part III, Line 28a)

Part 1, Line 20

Reconciliation of bank account as of 6/30/09	($2,479)