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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- 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, 2009, and ending

06-30, 2010

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 JEFFERSON CITY

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1611 PAYNE DRIVE

City or town, state or country, and ZIP + 4

JEFFERSON CITY, MO 65101

D Employer identification number

44-0587739

E Telephone number

(573) 636-3096

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) ►

I Website: ►

J Tax-exempt status (check only one) - ☒ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 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. ► \$ 74,255

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

R e v e n u e	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	13,402
	4	Investment income	4	85
	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 type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	60,768
	b	Less direct expenses other than fundraising expenses	6b	42,596
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,172	
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,659	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule) STM122	10	28,434
	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	1,436
	16	Other expenses (describe ► STM130)	16	9,314
	17	<b>Total expenses.</b> Add lines 10 through 16	17	39,184
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,525)
	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	42,596
	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	35,071

**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	42,596	35,071
23 Land and buildings		
24 Other assets (describe ►)		
25 <b>Total assets</b>	42,596	35,071
26 <b>Total liabilities</b> (describe ►)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	42,596	35,071

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Form 990-EZ (2009)

MAR 17 2011



**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **PUBLIC SERVICE ORGANIZATION**

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

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 SPECIAL FUNDRAISING EVENTS ARE CONDUCTED TO RAISE MONEY TO DONATE TO VARIOUS CHARITIES.**(Grants \$ 28,433 ) If this amount includes foreign grants, check here ☐ **28a** 0**29**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****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****32 Total program service expenses** (add lines 28a through 31a) ☐ **32** 0**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
JIM CHESTERTON	PRESIDENT			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
JANET OUSLEY	1ST VICE PRES			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
RYAN IMHOFF	2ND VICE PRESID			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
MARK KROSS	3RD VICE PRES			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
BOB VAN ARK	SECRETARY			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
LARRY BRANDHORST	TREASURER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
NARJ JORDAN	TAIL TWISTER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
SAM ORR	LION TAMER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
ED BAILEY	PAST PRESIDENT			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
DENNIS LICKLIDER	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
RICH JOSEPH	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
BILL NELSON	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
WINNETTE SWANSON	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
GERI SURFACE	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
MIKE HARVEY	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
LYLE ROSBURG	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	0	0	0
KRIS GRAHAM	BOARD MEMBER			
1611 PAYNE DRIVE JEFFERSON CITY, 65101	0	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 . . . . .		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 <b>Form 990-T</b> for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction 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	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	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? . . . . .	38a	X
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	
40 a	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	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 . . . . .		
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	X
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The organization's books are in care of ▶ <b>MICHAEL P WILSON, CPA</b> Telephone no ▶ <b>573-636-3096</b> Located at ▶ <b>1611 PAYNE DRIVE Jefferson City, MO</b> ZIP + 4 ▶ <b>65101</b>		
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	X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .	42c	X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . .		<input type="checkbox"/>
	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	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
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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."

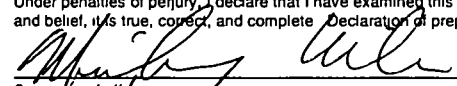
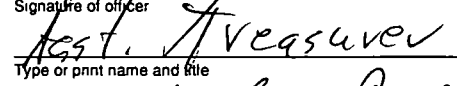
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 . . . ▶

<b>Sign Here</b>	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 <b>12-16-11</b>	
<b>Paid Preparer's Use Only</b>	 Type or print name and title		Date <b>02-16-2011</b>	
	Preparer's signature		Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying No. (See inst.) <b>P01370532</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Michael P Wilson, CPA</b> <b>1611 Payne Drive</b> <b>Jefferson City, MO 65101</b>		EIN ▶	
	Phone no ▶ <b>573-636-3096</b>			

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

# Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

## Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity		4,812	
Grantee	SIGHT CONSERVATION		
Address			
Activity		300	
Grantee	BOY SCOUTS		
Address			
Activity		3,424	
Grantee	YOUTH ATHLETICS		
Address			
Activity		300	
Grantee	GIRL SCOUTS		
Address			
Activity		310	
Grantee	SAFETY PATROL		
Address			
Activity		500	
Grantee	COUNCIL FOR DRUG FREE YOUTH		
Address			
	Total	<u>9,646</u>	

# Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

## Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity			
Grantee	SPECIAL OLYMPICS		
Address			
Activity		200	
Grantee	HIGH SCHOOL CHORAL		
Address			
Activity		500	
Grantee	CHRISTMAS ADOPT-A-FAMILY		
Address			
Activity		500	
Grantee	SENIOR NUTRITION CENTER		
Address			
Activity		50	
Grantee	CANCER RELAY FOR LIFE		
Address			
Activity		100	
Grantee	SAMARITAN CENTER SCHOOL SUPPLIES		
Address			
Total		<u>1,350</u>	

# Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

## Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity		5,000	
Grantee	JC TRACK & CROSS COUNTRY		
Address			
Activity		500	
Grantee	NATIONAL FEDERATION FOR THE BLIND		
Address			
Activity		600	
Grantee	HONOR FLIGHT		
Address			
Activity		50	
Grantee	JC PARK CANDY CANE HUNT		
Address			
Activity		38	
Grantee	AMBL YOPIA SCREENING		
Address			
Activity			
Grantee	OPERATION BUGLE BOY		
Address			
	Total	<u>6,188</u>	



# Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

## Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity			
Grantee	SVOH CHRISTIE PUGLIS		
Address			
Activity			
Grantee	JC TRACK AND CROSS COUNTRY		
Address			
Activity		6,000	
Grantee	MISSOURI LIONS EYE RESEARCH		
Address			
Activity		100	
Grantee	MO LIONS EYE TISSUE MEMORIALS		
Address			
Activity		500	
Grantee	HEARING CONSERVATION		
Address			
Activity		1,500	
Grantee	LIONS ALL-STATE BAND		
Address			
Total		<u>8,100</u>	

# Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

## Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

	<u>Amount</u>	<u>Relationship</u>
Activity Grantee Address	750	
MO LIONS ALL-STAR FOOTBALL AD		
Activity Grantee Address	300	
LIONS WORLD SERVICES FOR THE BLIND		
Activity Grantee Address	200	
LIONS MID-SOUTH SIGHT SERVICES		
Activity Grantee Address	300	
LEADER DOG		
Activity Grantee Address	1,000	
LCIF DONATON - MELVIN JONES FELLOW		
Activity Grantee Address	600	
MISCELANEOUS		
Total	<u>3,150</u>	

**Federal Supporting Statements****2009**

Name(s) as shown on return

FEIN

**Form 990EZ, Part I, Line 16  
Other Expenses Schedule 2**

<u>Description</u>	<u>Amount</u>
INTERNATIONAL DUES	5,967
DISTRICT DUES	2,000
NEW MEMBER FEES	152
NEW MEMBER SUPPLIES	34
MERCHANDISE	0
GUEST MEALS	245
FLOWERS	78
WEBSITE	0
INSURANCE AND BOND	148
MISCELLANEOUS	690
Total	<u>9,314</u>

Name(s) as shown on return

FEIN

LIONS INTERNATIONAL JEFFERSON CITY

44-0587739

SPECIAL EVENTS REVENUE

Description	Amount
GRAPE STOMP	\$ 1,800
HAN AND BEAN	15,815
POT OF GOLD	31,420
PEANUT SALE	8,379
GARAGE SALE	313
MISCELLANEOUS	3,041
Total:	\$ 60,768

SPECIAL EVENTS EXPENSES

Description	Amount
GRAPE STOMP	\$ 598
HAM AND BEAN	5,808
POT OF GOLD	21,402
PEANUT SALE	2,738
MISCELLANEOUS	12,050
Total:	\$ 42,596

PRINTING, MAILING

Description	Amount
POSTAGE	\$ 216
STATIONARY	588
GROWLER	632
Total:	\$ 1,436

**Application for Extension of Time to File an  
Exempt Organization Return**

OMB No 1545-1709

**► File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>LIONS INTERNATIONAL JEFFERSON CITY</b>	Employer identification number <b>44-0587739</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1611 PAYNE DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>JEFFERSON CITY, MO 65101</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of **► MICHAEL P WILSON CPA 1611 PAYNE DRIVE, MO 65101-2333**

Telephone No **► 573-636-3096**FAX No. **►**

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0239**. If this is

for the whole group, check this box ☐ **►** If it is for part of the group, check this box ☐ **►** and attach

a list with the names and EINs of all members the extension will cover

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02-15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 **11** or
- ☒ tax year beginning **07-01**, 20 **09**, and ending **06-30**, 20 **10**

- 2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

EEA

Form **8868** (Rev. 4-2009)