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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 1 July , 2009, and ending 30 June , 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
International Association of Lions, Leavenworth Club

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 348

City or town, state or country, and ZIP + 4
Leavenworth, KS 66048

D Employer identification number
48 6116253

E Telephone number
913-775-3545

F Group Exemption Number ▶

• ***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: ▶ WWW.leavenworthlions.org

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

H 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 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 ▶ $

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	968
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	31017
	4	Investment income		4	-427
	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 60,091		
	b	Less: direct expenses other than fundraising expenses	6b 38,216		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	21875
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ See Statement # 1)		8	7011
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	60871
Expenses	10	Grants and similar amounts paid (attach schedule)		10	19053
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	1005
	16	Other expenses (describe ▶ See Statement # 2)		16	2350
	17	**Total expenses.** Add lines 10 through 16 ▶		17	22408
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	38463
	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	252,536
	20	Other changes in net assets or fund balances (attach explanation)		20	-29587
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	261412

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	259,989	22	228173
23	Land and buildings	0	23	0
24	Other assets (describe ▶ Excess for year Line 18)	0	24	38463
25	**Total assets**	259,989	25	266636
26	**Total liabilities** (describe ▶ Member accounts payable)	-7453	26	-5215
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	252,536	27	261412

14

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

What is the organization's primary exempt purpose? **support sight and community programs**

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	**Sight program support for the Leavenworth community, Kansas Lions programs, and Lions International programs. Ten total programs were sponsored. 962 persons served by the programs.** (Grants $ **$7852.98**) If this amount includes foreign grants, check here ▶ ☐	28a	7853
29	**Community program support for Leavenworth and Kansas. Eleven total programs were supported. 1235 persons served by the programs.** (Grants $ **$4000**) If this amount includes foreign grants, check here ▶ ☐	29a	4000
30	**Scholarship program support for local students recommended by local schools. 10 persons served by this support.** (Grants $ **$6200**) If this amount includes foreign grants, check here ▶ ☐	30a	6200
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	18053

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
John Havens 3123 Lakeview Cr, Leavenworth, KS	President 10	0	0	0
Debra Weaverling 127 Hampton Ct, Lansing, KS	1st Vice Pres 4	0	0	0
Nancy Bauder 721 S 21 St, Leavenworth, KS	2d Vice Pres 4	0	0	0
John Rust 1221 Olive, Leavenworth, KS	3d Vice Pres 4	0	0	0
John Raletz 2900 S. 14 St, Leavenworth, KS	Secretary 10	0	0	0
Carol Sharp 748 Michigan, Leavenworth, KS	Bulletin Ed 5	0	0	0
Carl DeRuyscher 1312 Limit, Leavenworth, KS	Treasurer 20	0	0	0
John Willingham 1414 Washington, Leavenworth, KS	Asst Treasurer 5	0	0	0
Sam Maxwell 411 N. 11 ST Leavenworth, KS	Tail Twister 2	0	0	0
Stephen Wood 2307 Maple Ave Leavenworth, KS	Tail Twister 2	0	0	0
Robert Euler 3019 Grand Ave., Leavenworth, KS	Membership Officer 2	0	0	0
Carol Sharp 748 Michigan, Leavenworth, KS	Asst Sec 3	0	0	0
Pam Simpson 28917 235th St, Easton, KS	Lion Tamer 2	0	0	0
Walt Clark 502 S 17th St, Leavenworth, KS	Lion Tamer 2	0	0	0
Jennifer Kirwan 4905 N 130th St. Kansas City, KS	Director 2	0	0	0
Ralph Beckwith 109 Crestview, Lansing, KS	Director 2	0	0	0
Jack Walker 1700 Pine Ridge Dr., Leavenworth, KS	Morris Fund Chair 3	0	0	0
Randy Herrman 25040 177th Terr, Leavenworth, KS	Director 2	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 0			
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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 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		✓
41	List the states with which a copy of this return is filed. ▶ **None**			
42a	The organization's books are in care of ▶ **Carl DeRuyscher** Telephone no. ▶ **913-775=3545**			
	Located at ▶ **1312 Limit St, Leavenworth, KS** ZIP + 4 ▶ **66048**			
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.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ ____			
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
None				

f Total number of other employees paid over $100,000 . . . . ▶ 0

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
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

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

Carl DeRuyscher — Signature of officer

1 Nov 2010 — Date

Carl DeRuyscher, 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)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶	

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

Federal Statement

FORM 990-ez Gross Revenue and Expenses Part 1 Line 6

Tax year 2009, Tax year 7/01/09 ending 6/30/10

Name: INTERNATIONAL ASSOCIATION OF LIONS, Leavenworth EIN: 486116253

	(A)	(B)	(C)	(D)	Others	Total
Gross receipts	$47,435.00	$3785.00	$8,314.00	$0.00	$557.00	$60,091.00
Less Contributions	0	0	0	0	0	0
Gross Revenues	$47,435.00	$3785.00	$8,314.00	$0.00	$557.00	$60,091.00
Less Direct Expenses	35,696.00	2473.00	47.00	$0.00	$0.00	$38,216.00
Net income (loss)	$11,739.00	$1312.00	$8,267.00	$0.00	$557.00	$21,875.00

Descriptions:

A	PECAN SALES
B	RIVERFEST SALES
C	TRASH BAG DELIVERY
D	GOLF TOURNEMENT
Others	CANDY DAYS

Value Cards Gross receipts $4910.00 Direct Expenses $1920.00 Net Income $2990.00

Federal Statement 1

FORM 990-ez Other Revenue Part 1 Line 8

Tax year 2009, Tax year 7/01/09 ending 6/30/10

Name: INTERNATIONAL ASSOCIATION OF LIONS, Leavenworth EIN: 486116253

Value Cards	$2990.00
Recycling	$271.00
KS Sampler	$3166.00
Yellow Book	$584.00
Total	$7011.00

Federal Statement 2

FORM 990-ez Other Expenses Part 1 Line 16

Tax year 2009, Tax year 7/01/09 ending 6/30/10

Name: INTERNATIONAL ASSOCIATION OF LIONS, Leavenworth EIN: 486116253

Supplies from Lions International	$1074.00
State Meeting	$109.00
Chamber of Commerce Dues	$200.00
Special Event Insurance	$900.00
Bank Fees	$ 67.00
Total	$2350.00

48ᵬ116253 INTERNATIONAL ASSOCIATIONS OF LIONS
48-6116253
FYE: 6/30/2010

STATEMENT 3 - Form 990ez, Part I, Line 10 - Grants, Allocations,& Contributions

Description	Amount
SAINT VINCENT CLINIC	3681
KANSAS SIGHT FOUNDATION	204
AUDIO READER	1500
LVN Public Library - LARGE PRINT BOOKS	750
SPECIAL OLYMPICS	200
BOYS STATE	260
CLAUDE DeVorress FD	1000
LIONS CLUB SCHOLARSHIPS	1700
CHESTER MORRIS SCHOLARSHIP	2000
ANNABELLE MORRIS SCHOLARSHIP	2000
GIRLS STATE	250
KS SPECIALTY DOGS	1500
UNITED WAY	500
FRIENDS OF LHS	200
DIABETES FOUNDATION	500
LITTLE LEAGUE BASEBALL	900
EASTER EGG HUNT	100
AMERICAN CANCER SOCIETY	250
Friends of IMMAC	200
MISC (ROTC/GRATUTIES)	250
TECH SCHOLARSHIP	500
BOY/GIRL SCOUTS	200
AMBLYOPIA	218
LEO CLUBS	90
R ALLEN CULTURAL CTR	100
TOTAL	$19,053

Federal Tax Statement 4

Form 990-EZ for Tax Year 2009

Leavenworth Lions Club, International Association of Lions, ID # 48-6116253

Net Assets Line 20

Changes in net assets and fund balances due to unrealized losses on investments carried at market value.