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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 7-1, 2009, and ending 6-30 2010

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>International Lions Beloit Evening</u>		D Employer identification number <u>51 6212715</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>4207 E. Lincolnwood Dr</u>	E Telephone number <u>608 362 4485</u>	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: ▶

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

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 ▶ \$

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	319	10	Grants and similar amounts paid (attach schedule)	10	33749
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	6864
3	Membership dues and assessments	3	3645	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	151	13	Professional fees and other payments to independent contractors	13	
5a	Gross amount from sale of assets other than inventory	5a	75928	14	Occupancy, rent, utilities, and maintenance	14	
b	Less: cost or other basis and sales expenses	5b	36375	15	Printing, publications, postage, and shipping	15	370
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	39553	16	Other expenses (describe ▶)	16	72
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	41055
a	Gross revenue (not including \$ of contributions reported on line 1)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2613
b	Less: direct expenses other than fundraising expenses	6b		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	36359
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	38972
b	Less: cost of goods sold	7b					
7c	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	43668				

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	36359	38972
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	36359	38972
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		

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

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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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
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		<input checked="" type="checkbox"/>
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 ▶ _____		
40c			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40d			
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.		<input checked="" type="checkbox"/>
40e			
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>JERE W. CROUSE</u> Telephone no. ▶ <u>608 362 4485</u> Located at ▶ <u>4207 E. Circlewood Dr, Beloit, WI</u> ZIP + 4 ▶ <u>53511</u>		
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)?		<input checked="" type="checkbox"/>
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 _____ <input type="checkbox"/>		
43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

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
 Signature of officer: Jerre W. Crouse Date: 2-6-10
 Type or print name and title: Jerre W. Crouse

Paid Preparer's Use Only
 Preparer's signature: Jerre W. Crouse Date: 2-6-10 Check if self-employed
 Preparer's identifying number (See instructions): 005-36-5468
 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



BELOIT EVENING LIONS
2009

YTD

Line 1		Line 10	
		GRANTS	
Raffles	318.50	EYECARE	1231.41
Line 3		LEO CLUB	200.00
Dues	3235.00	HEARING AIDS	100.00
Fines	409.91	LCIF	1000.00
Total	3644.91	WISC. LIONS FOUND.	2000.00
Line 4		CARITAS	4500.00
Interest-General Account	9.49	BECKMAN MILL	0.00
Interest-Major Projects Account	141.45	MERRIL COMMUNITY	1000.00
Total	150.94	BOYS & GIRLS CLUB	3000.00
Line 5a		HOSPICE	4000.00
Autorama	75927.66	BELOIT HIST SOCIETY	1000.00
Line 5b		MY SISTERS PLACE	1000.00
Autorama Expenses	36375.56	LEADER DOG	100.00
Autorama Profit	39552.10	MEALS ON WHEELS	2000.00
Line 11		MISSION TO MEXICO	500.00
Sports	325.00	27-D1 CARE	1000.00
Meals	345.00	SCHOLARSHIP FUND	0.00
Eye Delivery	3250.00	27-D1 YOUTH EXCHANGE	0.00
Dues-International	2185.25	BIG BRO-SIS	3000.00
Dues-District	758.20	BBA BUILDING FUND	2000.00
Total	6863.45	DAD'S & LAD'S	200.00
Line 15		TOWN OF BELOIT	2000.00
Postage	185.08	COCCUPAWS	800.00
Supplies	174.88	MARINE CORPS LEAGUE	500.00
Corp Filing Fee	10.00	STATELINE PREG. CLINIC	200.00
Total	369.96	BELOIT 20-20 2nd PAY	1000.00
Line 16		MISC.	500.00
Awards	71.90	CHECKS	13.75
Total	71.90	Finnigan's (WWII Travel)	500.00
		American Cancer Society	200.00
		Mc Neal School Band	100.00
		Marine Corp League	103.50
		TOTAL	33748.66