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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 2009 calendar year, or tax year beginning **JULY 01**, 2009, and ending **JUNE 30**, 2010

B Check if applicable: <input 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 LIONS INTERNATIONAL BURLEY LIONS CLUB		D Employer identification number 82-6011426
		Number & street (or P.O. box, if mail is not delivered to street addr.)		E Telephone number
		Room/suite		(208) 678-1040
		City or town, state or country, and ZIP + 4 BURLEY ID 83318		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: ► **BURLEYLIONSCLUB.ORG**

H Check ☒ if organization is **not** required to attach Sch. 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 ... ► \$ **221,604**

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	803
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	17,908
	4 Investment income	853
	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 202,040
	b Less: direct expenses other than fundraising expenses	6b 80,869
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 121,171	
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. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 140,735	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10 31,182
	11 Benefits paid to or for members	11 11,745
	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
	16 Other expenses (describe ► SEE ATTACHMENT #2)	16 4,535
	17 Total expenses. Add lines 10 through 16	17 47,462
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 93,273
	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)	19 154,639
	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	21 247,912

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	154,639	247,912
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	154,639	247,912
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,639	247,912

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

Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? CIVIC/SOCIAL SERVICE

(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, & other relevant information for each program title.

28 SEE ATTACHMENT #3

(Grants \$ 31,183) If this amount includes foreign grants, check here ▶

28a	80,868
-----	--------

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	80,868
----	--------

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.)	
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[illegible]

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 Form 990-T for this year?		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		X
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	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	
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	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. NONE		
42a The organization's books are in care of SEE ATTACHMENT #5 Telephone no.		
Located at ZIP + 4		
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 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	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 Form 1041 -- Check here 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
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	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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."

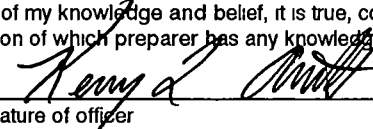
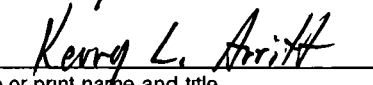
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ... ►

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 ►

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 9-8-10	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	NONPAID PREPARER Date 09-08-2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KING POPE PHILLIPS OAKES & CO PLLC 1710 OVERLAND BURLEY, ID 83318		
	EIN		Phone no. 208-878-7000	

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

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.

Open to Public Inspection

Employer Identification number
82-6011426

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- | | | | | | |
|----------|--------------------------|----------------------------------|----------|-------------------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |

- 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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		TRIATHLON (event type)	FAIR BOOK SA (event type)	2 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts	187,513	12,472	2,055	202,040	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	187,513	12,472	2,055	202,040	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes	20,036		300	20,336
	6	Rent/facility costs				
	7	Food and beverages	12,570			12,570
	8	Entertainment				
	9	Other direct expenses	34,792	10,633	2,538	47,963
10	Direct expense summary. Add lines 4 through 9 in column (d)				(80,869)	
11	Net income summary. Combine line 3, column (d), and line 10				121,171	

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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain: _____

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

b If "Yes," explain: _____

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?

	Yes	No
9a		X
10a		X
11		X
12		X

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ► Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
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 ► Gaming manager compensation ► \$ Description of services provided ► <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	X
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 ► \$		

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

INSPECTION

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization

LIONS INTERNATIONAL BURLEY LIONS CLUB

Employer Identification Number

82-6011426

Description of Other Expenses	Amount
SUPPLIES	1,540
DUES	2,995
Total	4,535

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009

and ending 06-30-2010.

Name of Organization

LIONS INTERNATIONAL BURLEY LIONS CLUB

Employer Identification Number

82-6011426

Class of Activity	Recipient's Name and Address			Amount (FMV)	Purpose of Payment to Affiliate
DONATED EYE GLASSES	VARIOUS--18 INDIVIDUALS				
LEADER DOG	' ' ' LEADER DOG			2,695	
EYESCREENING MACHINES --4	' ' ' VARIOUS			5,000	
MELVIN JONES AWARD & LICF HAITI RELIEF	' ' ' MELVIN JONES AWARD & LICF HAITI RELIEF			7,980	TO COMBINE FUNDS FROM DIFFERENT UNITS
				15,675	
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	EYEGGLASSES		COST	COST	
	CASH	2,695	COST	COST	2009-12
	EYE TESTING MACHINES	5,000	COST	COST	2010-05
PARENT ORG	CASH	7,980	CASH	COST	2009-12
Total		15,675			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Name of Organization

LIONS INTERNATIONAL BURLEY LIONS CLUB

Employer Identification Number

82-6011426

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SCHOLORSHIPS	VARIOUS --5 INDIVIDUALS	2,222	
DONATION	CASSIA COUNTY SHERIFF	2,900	
CHRISTMAS FOOD CLOTHING TOYS	MINI-CASSIA CHRISTMAS COUNCIL	1,000	
COMMUNITY ENTERTAINMENT	INTERNATIONAL DANCE FESTIVAL	3,500	
		9,622	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	2,222	CASH	COST	2010-01
	CASH	2,900	CASH	COST	2009-08
	CASH	1,000	CASH	COST	2009-08
	CASH	3,500	CASH	COST	2009-12
Total			9,622		

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009

and ending 06-30-2010.

Name of Organization

LIONS INTERNATIONAL BURLEY LIONS CLUB

Employer Identification Number

82-6011426

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
COMMUNITY SUPPORT	' ' ' BIKES FOR KIDS	500	
COMMUNITY SUPPORT	' ' ' WOOD RIVER LIONS CLUB	3,000	
COMMUNITY SUPPORT	' ' ' CASSIA COUNTY 4H	500	
COMMUNITY SUPPORT	' ' ' VARIOUS	541	
		4,541	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	500	CASH	COST	2010-03
	CASH	3,000	CASH	COST	2010-04
	CASH	500	CASH	COST	2010-04
	CASH	541	CASH	COST	2009-09
Total		4,541			

ATTACHMENT 1: PAGE 4 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Employer Identification Number

82-6011426

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PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization LIONS INTERNATIONAL BURLEY LIONS CLUB	Employer Identification Number 82-6011426

Part III - Statement of Program Service Accomplishments

Grants and allocations	31,183	Amount includes foreign grants	Program service expenses	80,868
Exempt Purpose Achievements				

PROVIDE FUNDS FOR STATE AND NATIONAL ORGANIZATION FOR RESEARCH AND HELP TO DISADVANTAGED INDIVIDUALS FOR SEEING AND HEARING. ORGANIZED TRIATHLON FOR 2000 PARTICIPANTS. ORGANIZED YOUTH BASKETBALL FOR 5TH AND 6TH GRADE BOYS GIRLS TO HELP THEM IN THEIR PHYSICAL, MENTAL, AND MENTAL WELL BEING. DIRECT GRANTS TO INDIVIDUALS FOR GLASSES. GRANTS TO LOCAL CITY FOR RECREATIONAL NEEDS OF ITS CITIZENS. SCHOLARSHIPS TO INDIVIDUALS.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization LIONS INTERNATIONAL BURLEY LIONS CLUB Employer Identification Number 82-6011426

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
TEMP PATTERSON 2843 MT HARRISON DR BURLEY, ID 83318	PAST-PRES 1.00	0	0	0
CADE RICHMAN 359 W 100 S BURLEY, ID 83318	PRES 3.00	0	0	0
TAD RICHMAN 1711 YALE AVE BURLEY, ID 83318	V-PRES 2.00	0	0	0
KELLY BOWEN 16 W 218 S BURLEY, ID 83318	V PRES 2.00	0	0	0
KENT FLETCHER 1418 BURTON BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
JON GARN 1550 BURTON BURLEY, ID 83318	DIRECTOR 2.00	0	0	0
STEVE ORMAND 2460 BURTON BURLEY, ID 83318	DIRECTOR 2.00	0	0	0
DAVID JONES 2653 BRENTWOOD BURLEY, ID 83318	SECRETARY 4.00	0	0	0
KERRY ARRITT 1734 OVERLAND BURLEY, ID 83318	TREASURER 4.00	0	0	0
BRAD NELSON 201 DIANA DR BURLEY, ID 83318	DIRECTOR 2.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 5 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

Name of Organization LIONS INTERNATIONAL BURLEY LIONS CLUB Employer Identification Number 82-6011426

Part V - Line 42a

Individual Name KERRY ARRITT

or

Business Name:

Street Address 1734 OVERLAND

U.S. Address:

Zip code 83318 City BURLEY State ID

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (208) 678-1040

Fax Number (208) 878-1065