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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)

OMB No 1545-1150
2009
Open to Public Inspection

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. **C** Name of organization: INTERNATIONAL ASS'N OF 28T ST GEORGE LIONS CLUB. **D** Employer identification number: 87-6123356. **E** Telephone number: (435) 673-8866. **F** Group Exemption Number.

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: N/A. **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. **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. \$ 386,827.

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	38,904
2	Program service revenue including government fees and contracts	2	3,420
3	Membership dues and assessments	3	
4	Investment income	4	138
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	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 checked="" type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	344,365
6b	Less direct expenses other than fundraising expenses	6b	296,164
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	48,201
7a	Gross sales of inventory, less returns and allowances	7a	
7b	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	90,663
Expenses			
10	Grants and similar amounts paid (attach schedule)	10	46,905
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	13,732
15	Printing, publications, postage, and shipping	15	1,495
16	Other expenses (describe)	16	26,202
17	Total expenses. Add lines 10 through 16	17	88,334
Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,329
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	30,257
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	32,586

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	30,257	32,586
23 Land and buildings		
24 Other assets (describe)		
25 Total assets	30,257	32,586
26 Total liabilities (describe)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,257	32,586

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO RAISE AND DONATE MONIES AND SERVICES TO LOCAL CHARTIES AND SCHOOLS AS WELL AS TO SIGHT AND BLIND ON A STATE LEVEL AND DO IMPROVEMENTS TO FACILITIES OF LOCAL GOVERNMENTS BOTH THROUGH SERVICES AND CASH OUTLAYS			
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			
28 CONTRIBUTIONS TO LOCAL CHARITIES AND SCHOOLS (Grants \$ 41,286)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	41,286
29 CONTRIBUTIONS TO LOCAL CHARITIES AND SCHOOLS (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	2,692
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	43,978

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
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
35a 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?
35b If "Yes," has it filed a tax return on Form 990-T for this year?
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JOE BOWCUTT Telephone no (435) 275-5181
280 S 300 W Located at ST GEORGE, UT ZIP + 4 84770
42b 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)? 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.
42c 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
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
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.
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.

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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: 2010-11-15

JOE BOWCUTT TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

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.

Name of the organization INTERNATIONAL ASS'N OF 28T ST GEORGE LIONS CLUB

Employer identification number 87-6123356

Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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 III 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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		RODEO (event type)	RACE MEET (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	310,768	33,597		344,365
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	310,768	33,597		344,365
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	264,160	32,004		296,164
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				296,164
11 Net income summary Combine lines 3, column d, and line 10. ▶				48,201	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(Add col (a) through col (c))	
Revenue	1 Gross revenue					
	Direct Expenses	2 Cash prizes				
		3 Non-cash prizes				
		4 Rent/facility costs				
		5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input 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 lines 1, column d, and line 7 ▶						

	Yes	No
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?	9a	No
b If "No," Explain _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b If "Yes," Explain _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	No
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?	12	No

		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 ▶ <u>JOE BOWCUTT</u>			
Address ▶ <u>280 S 300 W</u> <u>ST GEORGE, UT 84770</u>			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	No
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			
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	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Compensation Explanation

Name: INTERNATIONAL ASS'N OF 28T ST

GEORGE LIONS CLUB

EIN: 87-6123356

Person Name	Explanation
CHRIS LARSEN	
GREG MATHIS	
ALLEN HALL	
FRANCIS ROSSBACH	
MARK BRIENHOLT	
JOE BOWCUTT	
RYAN BOWERS	
JEFF TWITCHELL	
GARY ALLRED	
DEAN JONES	
BRAD MARSHAL	
KEN THOMPSON	
BRY CE CHRISTENSEN	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: INTERNATIONAL ASS'N OF 28T ST
 GEORGE LIONS CLUB

EIN: 87-6123356

Item No.	1
Class of Activity	
Donee's Name	NON OVER 5000
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule














Name: INTERNATIONAL ASS'N OF 28T ST

GEORGE LIONS CLUB

EIN: 87-6123356

Description	Amount
PINE VALLEY LODGE	
COST OF GOODS SOLD	2,692
EXPENSES	
	706
	19,043
DUES	150
SUPPLIES	1,620
OFFICE EXPENSE	706
MISC	1,285

Additional Data**Software ID:****Software Version:****EIN:** 87-6123356**Name:** INTERNATIONAL ASS'N OF 28T ST
GEORGE LIONS CLUB**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
CHRIS LARSEN  717 SO MARLAR CT WASHINGTON, UT 84780	PRESIDENT 0	0		
GREG MATHIS  1845 W SANDHILL DR ST GEORGE, UT 84770	1ST VICE 0	0		
ALLEN HALL  1759 E HOWARD LANE ST GEORGE, UT 84770	2ND VICE 0	0		
FRANCIS ROSSBACH  252 N EMERALD DR ST GEORGE, UT 84770	3RD VICE 0	0		
MARK BRIENHOLT  2050 S TWIN CIRCLES ST GEORGE, UT 84790	SECRETARY 0	0		
JOE BOWCUTT  280 W 300 W 8 ST GEORGE, UT 84770	TREASURER 0	0		
RYAN BOWERS  2569 E 2220 S ST GEORGE, UT 84790	LION TAMER 0	0		
JEFF TWITCHELL  2802 E PARADISE WAY ST GEORGE, UT 84790	TAIL TWISTER 0	0		
GARY ALLRED  1785 W 5745 N ST GEORGE, UT 84770	MEMBERSHIP 0	0		
DEAN JONES  1870 E JOE CIRCLE ST GEORGE, UT 84790	DIRECTOR 0	0		
BRAD MARSHAL  3045 E WASHINGTON DAM RD WASHINGTON, UT 84780	DIRECTOR 0	0		
KEN THOMPSON  1765 N 2500 W WASHINGTON, UT 84780	DIRECTOR 0	0		
BRYCE CHRISTENSEN  3592 MANZANITA RD ST GEORGE, UT 84790	DIRECTOR 0	0		