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Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

**LIONS INTERNATIONAL - PILLAGER**

D Employer identification number

**41-1596230**

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

**PO BOX 236**

Room/suite

E Telephone number

**218-838-0197**

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

**PILLAGER MN 56473**

F Group Exemption

Number ► **0239**G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► **N/A**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 \$50,000 A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **192,744****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<b>849</b>
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	<b>652</b>
	4 Investment income	4	<b>15</b>
	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 Gaming and fundraising events	6a	<b>189,744</b>
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	<b>1,484</b>
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	<b>186,086</b>
Expenses	7a Gross sales of inventory, less returns and allowances	6d	<b>5,142</b>
	b Less cost of goods sold	7a	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b	
	8 Other revenue (describe in Schedule O)	7c	
	9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 7a, and 8	8	<b>6,658</b>
	10 Grants and similar amounts paid (list in Schedule O)	9	
	11 Benefits paid to or for members	10	
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	
Net Assets	15 Printing, publications, postage, and shipping	14	
	16 Other expenses (describe in Schedule O)	15	
	17 Total expenses. Add lines 10 through 16	16	<b>1,660</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	<b>1,660</b>
	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)	18	<b>4,998</b>
	20 Other changes in net assets or fund balances (explain in Schedule O)	19	<b>14,382</b>
	21 Net assets or fund balances at end of year Combine lines 18 through 20	20	
		21	<b>19,380</b>

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)



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

Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes  No 33 

34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O why the organization did not report the income on Form 990-T

35a 

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35b 

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

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

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 tax year 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

39a

a Initiation fees and capital contributions included on line 9

39b

b 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 

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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

► \_\_\_\_\_

41 List the states with which a copy of this return is filed ► MN

42a The organization's books are in care of ► TAMMY BARNETT

Telephone no ►

PO BOX 236

Located at ► PILLAGER

MN

ZIP + 4

► 56473

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.

42c 

c 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 ► 43

► 

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a 

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b 

c Did the organization receive any payments for indoor tanning services during the year?

44c 

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI 

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as 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?

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 ► \_\_\_\_\_

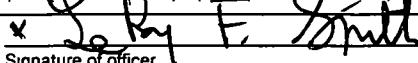
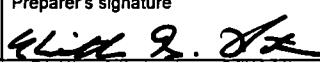
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ► \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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			Date 12-15-11
	Signature of officer <b>LEROY SMITH</b>	Type or print name and title <b>OFFICER</b>	
Paid Preparer Use Only	Print/Type preparer's name <b>KEITH G. PORTER</b>	Preparer's signature 	Date 12/14/11
	Firm's name ► <b>MAYER, PORTER &amp; NELSON, LTD.</b>	Firm's EIN ► <b>41-2014047</b>	Check <input type="checkbox"/> if self-employed
	Firm's address ► <b>PO BOX 206 STAPLES, MN 56479</b>	Phone no <b>218-894-1399</b>	PTIN <b>P00090091</b>

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**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.

OMB No 1545-0047

**2010**Open To Public  
Inspection

Name of the organization

**LIONS INTERNATIONAL - PILLAGER**Employer identification number  
**41-1596230****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 <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 type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser 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
			Yes No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts				
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d)				► ( )
11 Net income summary Combine line 3, column (d), and line 10				► ( )

**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) through col (c))
1 Gross revenue	7,959	181,785		189,744
2 Cash prizes		146,809		146,809
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	6,321	32,485		38,806
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)				► ( ) 185,615
8 Net gaming income summary Combine line 1, column d, and line 7				► ( ) 4,129

9 Enter the state(s) in which the organization operates gaming activities **MN**

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain

9a  Yes  No

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

b If "Yes," explain

10a  Yes  No

11 Does the organization operate gaming activities with nonmembers?  Yes  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?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b **100 . 00 %**

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **LEROY SMITH**  
PO BOX 236

Address ► **PILLAGER**

**MN 56473**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  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 of the third party

Name ►

Address ►

16 Gaming manager information

Name ► **LEROY SMITH**

Gaming manager compensation ► \$ **2 , 700**

Description of services provided ► **GAMBLING MANAGER**

Director/officer  Employee  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?  Yes  No

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 ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**LIONS INTERNATIONAL - PILLAGER**Employer identification number  
**41-1596230****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION** **AMOUNT****EXPENSES**

<b>SUPPLIES</b>	<b>\$</b>	<b>389</b>
<b>DUES</b>	<b>\$</b>	<b>1,271</b>
	<b>TOTAL \$</b>	<b>1,660</b>

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>INVENTORIES FOR SALE OR USE</b>	<b>\$ 393</b>	<b>\$ 385</b>
<b>EQUIPMENT</b>	<b>\$ 10,772</b>	<b>\$ 10,772</b>
<b>LESS ACCUMULATED DEPRECIATION</b>	<b>\$ 10,772</b>	<b>\$ 10,772</b>
	<b>TOTAL \$ 393</b>	<b>\$ 385</b>

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</b>	<b>\$ 10</b>	<b>\$ 48</b>

**FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE**

THE LIONS CLUB PROVIDES HUMANITARIAN SERVICES IN THE  
PILLAGER COMMUNITY.

**FORM 990-EZ, PART III, LINE 28 - FIRST ACHIEVEMENT**

THE LIONS CLUB IS ORGANIZED TO PERFORM HUMANITARIAN SERVICES, COMMUNITY  
ACTIVITIES, YOUTH EXCHANGE PROGRAM, AND MAKE THE COMMUNITY AWARE OF THE

Name of the organization

**LIONS INTERNATIONAL - PILLAGER**

Employer identification number

**41-1596230**

LIONS AND LIONS INTERNATIONAL PROJECTS. THIS WAS ACCOMPLISHED THROUGH THE MINT SALES, SPAGHETTI FEED, AND THE FALL FESTIVAL ALONG WITH THE SUPPORT OF OUR CHARITABLE GAMBLING.

Form <b>990</b>		<b>Special Events Schedule</b>			<b>2010</b>	
		For calendar year 2010, or tax year beginning		07/01/10	and ending	06/30/11
Name			Employer Identification Number			
<b>LIONS INTERNATIONAL - PILLAGER</b>			<b>41-1596230</b>			
	(A)	(B)	(C)	Others	Total	
Gross receipts	<b>624</b>	<b>605</b>	<b>255</b>	<b>0</b>	<b>1,484</b>	
Less contributions	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Gross revenue	<b>624</b>	<b>605</b>	<b>255</b>	<b>0</b>	<b>1,484</b>	
Less direct expenses	<b>190</b>	<b>0</b>	<b>281</b>	<b>0</b>	<b>471</b>	
Net income (loss)	<b>434</b>	<b>605</b>	<b>-26</b>	<b>0</b>	<b>1,013</b>	

Description. (A) **FALL FESTIVAL**

(B) **SPAGHETTI FEED**

(C) MINT SALES

Others \_\_\_\_\_