

**NOTE:** If "gross receipts" for fiscal year are not more than \$25,000, **simply check the box:** leave the rest of the return blank, sign and file

Secure this information number by filing Form SS-4. Obtain from local IRS office if not already sent.

OMB No. 1545-1150

**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)  
 For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
*The organization may have to use a copy of this return to satisfy state reporting requirements.*

Form **990-EZ**

200\_

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 200\_ calendar year, or tax year beginning **complete**, 200\_, and ending \_\_\_\_\_, 20\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **Lions District/Lions Club**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**Be sure to fill out completely including zip code**

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

**D** Employer identification number \_\_\_\_\_

**E** Telephone number ( ) \_\_\_\_\_

**F** Enter 4-digit (GEN) **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** Web site: \_\_\_\_\_

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

**J** Organization type (check only one) —  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions.)

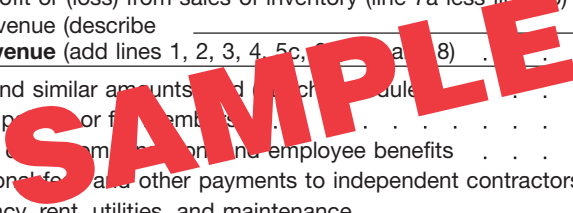
Revenue	1	Contributions, gifts, grants, and similar amounts received	1 voluntary contributions
	2	Program service revenue including government fees and contracts amount donated from	2 less value for such
	3	Membership dues and assessments luncheon fees, dues, fines, fundraising events, less value	3 goods or services.
	4	Investment income	4 Date of non-cash
	5a	Gross amount from sale of assets other than inventory	contribution should be included on schedule.
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	
	6	Special events and activities (attach schedule):	
	6a	Gross revenue (not including \$ _____ of contributions actual value of goods, services reported on line 1)	
6b	Less: direct expenses other than fundraising expenses attributable to goods/services buyer receives		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)		
7a	Gross sales of inventory, less returns and allowances other than those listed on line 6a		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		
8	Other revenue (describe _____)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6a, 6b, 7a, 7b, and 8)	9	
Expenses	10	Grants and similar amounts paid (attach schedule)	10
	11	Benefits paid or for members	11
	12	Salaries, wages, honoraria, 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 <u>Administrative expenses: cost &amp; expense of fundraising activities</u> )	16
	17	<b>Total expenses</b> (add lines 10 through 16)	17
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18
	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
	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

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 39 of the instructions.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22
23	Land and buildings	23
24	Other assets (describe _____)	24
25	<b>Total assets</b>	25
26	<b>Total liabilities</b> (describe _____)	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27

CHECK IF NO CONTRIBUTOR GAVE A TOTAL CONTRIBUTION OF \$5000 OR MORE.



<b>Part III Statement of Program Service Accomplishments</b> (See page 39 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Civic/social service</u>	
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, or other relevant information for each program or activity.	
<b>28</b> List 3 largest fundraising activities and recipient of activity money. ..... ..... ..... (Grants \$ _____)	<b>28a</b>
<b>29</b> ..... ..... ..... (Grants \$ _____)	<b>29a</b>
<b>30</b> ..... ..... ..... (Grants \$ _____)	<b>30a</b>
<b>31</b> Other program services (attach schedule) ..... (Grants \$ _____)	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) ..... (Grants \$ _____)	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 40 of the instructions.)				
(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
<b>List district or club officers</b>				
.....		Should be none except possibly district or club secretary.		
.....				
.....				

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		→
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting that income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more on Form 990-T reporting, and proxy tax requirements?		
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or cessation of operations during the year? (If "Yes," attach a statement.)		
<b>37a</b> Enter amount of political expenditures described in the instructions. <b>37a</b> <u>none</u>		
<b>b</b> Did the organization file Form 990-E?		
<b>38a</b> 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 unpaid at the start of the period covered by this return?		
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b> <u>none</u>		
<b>N/A 39</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>N/A 40a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. . . . .		
<b>c</b> Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 _____		
<b>d</b> Enter: Amount of tax on line 40c, above, reimbursed by the organization _____		
<b>41</b> List the states with which a copy of this return is filed. _____		
<b>42</b> The books are in care of <u>Be sure to fill out completely including zip code</u> Telephone no. (____) _____ Located at _____ ZIP + 4 _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <b>43</b> _____		

club/district constitution & bylaws

<b>Please Sign Here</b>	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.			
	<b>SIGN AND RETURN TO YOUR REGIONAL INTERNAL REVENUE SERVICE CENTER</b>			
	Signature of officer _____	Date _____		
<b>Paid Preparer's Use Only</b>	Preparer's signature _____		Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____		EIN _____	Preparer's SSN or PTIN (See Gen. Inst. W) _____
			Phone no. (____) _____	

