

0506

OMB No 1545-1150

2004

Open to Public Inspection

Form 990-EZ

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)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

04 365 06311 MAY 06 '10

SCANNED JUN 17 2010

APR 29 2010

STATUTE CLEARED

Form header section A-H: For the 2004 calendar year, or tax year beginning 07-01, 2004, and ending 06-30, 2005. Includes organization name Lions International Chesterfield, EIN 38-611332, and address 52101 GRATIOT, CHESTERFIELD MI 48051.

Form section K: Check if the organization's gross receipts are normally not more than \$25,000. 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. Total: \$45,147.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 45,147. Expenses total: 43,370. Net Assets total: 159,787. Includes handwritten notes like 'RECEIVED' and 'STATUTE UNIT RECEIVED'.

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.

Table with 27 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Total assets: 158,009 at beginning, 159,787 at end.

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (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>SERVICES HELPING INDIVIDUALS HELP THEMSELVES</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 title			
28	<u>DONATIONS TO INTERNATIONAL, STATE & LOCAL CHARITIES</u>	(Grants \$)	28a <u>1700.</u>
29	<u>GLASSES DONATIONS</u>	(Grants \$)	29a <u>118.</u>
30		(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 <u>1818.00</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 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
<u>JOYCE KULL 5924 BURGESS CHESTERFIELD, MI 48047</u>	<u>PRESIDENT</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>CHARLES CLEAVER 20410 15 MILE RD CANTON TWP MI 48035</u>	<u>SECRETARY</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>STEPHEN KULL 5924 BURGESS CHESTERFIELD MI 48047</u>	<u>TREASURER</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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"/>
34	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.		<input checked="" type="checkbox"/>
35	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 the income on Form 990-T		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 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"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u>		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <u>38b</u>		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
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.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ _____		
41	List the states with which a copy of this return is filed. ▶ <u>MICHIGAN</u>		
42	The books are in care of ▶ <u>STEPHEN KULL</u> Telephone no. ▶ <u>(586) 949-3380</u> Located at ▶ <u>52101 GEARHUT CHESTERFIELD MI</u> ZIP + 4 ▶ <u>48051</u>		
43	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 . . . ▶ <u>43</u>		

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

Please Sign Here

Signature of officer: [Signature] Date: 04-29-10

Type or print name and title: STEPHEN M. KULL - TREASURER

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: _____ EIN: _____ Preparer's SSN or PTIN (See Gen Inst W): _____ Phone no: () _____

LIONS INTERNATIONAL CHESTERFIELD 4484

38-6111332

Form 990-EZ

Other Expenses

Statement 1

Description

Amount

Hall Loan & Insurance

23,867

International & District Dues & Fees

4,638

Total

28,505