

APR 29 2010

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STATUTE CLEARED JUN 17 2010

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)

▶ 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

OMB No 1545-1150

**2005**

**Open to Public Inspection**

**A** For the 2005 calendar year, or tax year beginning 07-01, 2005, and ending 06-30, 2006

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

LIONS INTERNATIONAL CHESTERFIELD 4484

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

52101 GRATIOT

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

CHESTERFIELD MI 48051

**D** Employer identification number

38:611332

**E** Telephone number

(586) 949-3380

**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: ▶

**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 chooses to file a return, be sure to file a complete return. 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. ▶ \$ 46201.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1764-
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	4437-
	4	Investment income	
	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 (line 5a less line 5b) (attach schedule).	5c
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
Expenses	6b	Less: direct expenses other than fundraising expenses	6b
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c
	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 (line 7a less line 7b)	7c
	8	Other revenue (describe ▶ <u>HAIR RENT</u> )	8 40000
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9 46201.
	10	Grants and similar amounts paid (attach schedule)	10 641-
	11	Benefits paid to or for members	11
Net Assets	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 12942.
	15	Printing, publications, postage, and shipping	15 1597.
	16	Other expenses (describe ▶ <u>STATEMENT 1 STATUTE UNIT</u> )	16 33135
	17	<b>Total expenses</b> (add lines 10 through 16)	17 48315-
	18	Excess or (deficit) for the year (line 9 less line 17)	18 < 21147
19	Net assets or fund balances at beginning of year (from line 20 of column (A)) (must agree with end-of-year figure reported on prior year's return).	19 159,787-	
20	Other changes in net assets or fund balances (attach explanation)	20 < 17	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21 157,672-	

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OGDEN

**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 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9787	7672-
23 Land and buildings	150000	150000-
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	159787	157672-
26 <b>Total liabilities</b> (describe ▶ _____)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	159787	157672-

Part III Statement of Program Service Accomplishments (See page 42 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? <i>SERVICES HEARING INDIVIDUALS HELP THEMSELVES</i>		
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	<i>DONATIONS TO INTERNATIONAL, STATE &amp; LOCAL CHARITIES</i>	500-
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	<i>CLASSES DONATIONS</i>	141-
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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	<b>Total program service expenses</b> (add lines 28a through 31a)	32 641-

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 42 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
<i>KENNETH KRAUER 53243 AMPERVILLE, CHESTERFIELD MI 48051</i>	<i>PRESIDENT</i>	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>
<i>EDNA SHAW 29595 HICKEY CHESTERFIELD, MI 48051</i>	<i>SECRETARY</i>	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>
<i>STEPHEN KAULL 52924 BURGESS CHESTERFIELD, MI 48047</i>	<i>TREASURER</i>	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>

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		X
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		X
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 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?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	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	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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.	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed ▶ MICHIGAN
- 42a The books are in care of ▶ STEPHEN KEULL Telephone no. ▶ (586) 949-3380  
 Located at ▶ 52101 GRATIOT CHESTERFIELD, MI ZIP + 4 ▶ 48051
- 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)?  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- 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

	Yes	No
42b		X
42c		X

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: \_\_\_\_\_

Type or print name and title: STEPHEN M. KEULL - TREASURER 04-29-10

**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 SSN or PTIN (See Gen Inst W): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

