

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public  
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ▶ 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.

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning 2009, and ending 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use CRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>ALACHUA WOMEN CHARITABLE FOUNDATION, INC.</u>	<b>D</b> Employer identification number <u>27-1152838</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>15115 NW 142<sup>ND</sup> TERRACE</u>	<b>E</b> Telephone number <u>386 462 7178</u>
		City or town, state or county, and ZIP + 4 <u>Alachua, FL 32615</u>	<b>F</b> Group Exemption Number ▶ <u>0239</u>

• 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: ▶ www.alachuafl.womenwop.org

**J** Tax-exempt status (check only one) —  501(c)(3) ◀ (insert no.)  4947(a)(1) or  527

**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 \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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 ▶ \$ 12,203

**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	<u>12,203</u>
	2	Program service revenue including government fees and contracts . . . . .	2	-
	3	Membership dues and assessments . . . . .	3	-
	4	Investment income . . . . .	4	-
	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 type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	-
6b	Less: direct expenses other than fundraising expenses . . . . .	6b	-	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	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 (Subtract line 7b from line 7a) . . . . .	7c	-	
8	Other revenue (describe <u>GDEN UT</u> ) . . . . .	8	-	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	<u>12,203</u>	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	10	-
	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	-
	15	Printing, publications, postage, and shipping . . . . .	15	-
	16	Other expenses (describe ▶ <u>checks for new bank account</u> ) . . . . .	16	<u>54</u>
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	<u>54</u>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	<u>12,149</u>
	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	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	<u>12,149</u>

**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 . . . . .	-	22 <u>12,149</u>
23 Land and buildings . . . . .	1	23 <u>1</u>
24 Other assets (describe ▶ _____) . . . . .	-	24 <u>-</u>
25 <b>Total assets</b> . . . . .	-	25 <u>12,150</u>
26 <b>Total liabilities</b> (describe ▶ _____) . . . . .	-	26 <u>-</u>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	1	27 <u>12,150</u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2009)

SCANNED NOV 29 2010 Revenue

21 P



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

		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? 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, 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.		
a	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? . . . . .		<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	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 . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
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 outstanding at the end of the period covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 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 . . . . .		<input checked="" type="checkbox"/>
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. . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>FLORIDA</u>		
42a	The organization's books are in care of ▶ <u>LION GARY HARDACRE</u> Telephone no. ▶ <u>386 462 4582</u> Located at ▶ <u>13321 NW 146 Ave, Alachua, FL</u> ZIP + 4 ▶ <u>32615</u>		
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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	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 . . . . . ▶ <b>43</b> _____		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
			<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>

**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 . . . . . | 46  | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? . . . . .  | 49b | <input type="checkbox"/>            |
- 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
None				

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
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

**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.

▶ Warren O. Woolsey 11/1/2010  
Signature of officer Date

▶ WARREN O. WOOLSEY SECRETARY  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_

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

Form 990 EZ Alachua Lions Charitable Foundation (EIN 27-1152838)

**Organization Primary Exempt Purposes:** Civic/Social Service. Lions Clubs server their communities, state and provide world service to those less able to help themselves.

**Part I #1 Contribution of gifts, grants and similar amounts received.**

**ALACHUA LIONS CHARITABLE FOUNDATION:** During this year the Alachua Lions Club (EIN 59-615128) incorporated a new corporation for which this form 990EZ applies. The IRS notified the club of the assignment of the EIN on October 26, 2009, the State of Florida incorporated the Alachua Lions Charitable Foundation Inc on December 31, 2009 and assigned the State Corporation Number N09000011026. IRS notification of the approval of the 501©(3) status of this corporation ON May 26,2010. Since this was late in the club's fiscal year the Board of Directors decided to defer operating under the new foundation until the first of the next fiscal year (July 1, 2009). All of the club's fund raising and charitable support activities for year 2009 were accomplished by the Alachua Lions Club Inc and was reported as such on the Alachua Lions Club Inc Form 990 EZ. During the course of the year an account was opened for the new foundation and at the end of the year (June 30, 2010) funds associated with the clubs charitable activities were transferred to the account of Alachua Lions Charitable Foundation. In this Form 990EZ, it is reported as a grant to a 501©(3) corporation. The total amount transferred was \$12,203.

**Total amount of funds transferred to the Alachua Lions Charitable Foundation was \$12,203.**

ALACHUA LIONS CLUB  
OFFICERS

2010-2011

Part IV List of Officers, Directors and Key members									
Name: Lions	Office	Home Phone #	Address	Est Hrs Weekly	Compensatin	Benefits	Expens	Allowance	E
Martin Meder	President	252 378 4502	1515 NW 29th Rd, Gainesville, FL 32605	10	0	0	\$ 150.00		
Warren O Woolsey	Secretary	252 332 4946	15213 NW 59th Pl., Gainesville, FL 32653	10	0	0	\$ 100.00		
Gary Hardacre	Treasurer	352 362 4582	13321 NW 146th Ave, Alachua, FL 32615	10	0	0	\$ 200.00		
Don James	1st Vice President	386 462 3440	11208 NW 120th Terrace, Alachua, FL 3261	2	0	0	\$ -		
Kay Yoho	2nd Vice President	386 462 1978	PO Box, Alachua, FL 32616	2	0	0	\$ -		
Kendra Mello	3rd Vice President	386 752 8735	128 SW Vernon Way, Lake City, FL 32024	2	0	0	\$ -		
Orien Hills	2 Year Director	386 462 2336	PO Box 153, Alachua, FL 32616	2	0	0	\$ -		
Gussie Lec	2 Year Director	386 462 1230	28213 NW CR 241, Alachua, FL 32615	2	0	0	\$ -		
Tommy Harris	1 Year Director	386 462 1324	PO Box 87, Alachua, FL 32616	2	0	0	\$ -		
Karl Kaswinkel	1 Year Director	386 462 2823	16021 NW 74th Ave, Alachua, FL 32615	2	0	0	\$ -		
Gib Coerper	Membership Director	386 462 2265	PO Box 807, Alachua, FL 32616	2	0	0	\$ -		
Gunter Hirsch	Tail Twister	386 462 3702	6109 NW 112th Pl., Alachua, FL 32615	2	0	0	\$ -		
Joel DeCoursey	Lion Tamer	386 462 6393	PO Box 1881, Alachua, FL 32616	2	0	0	\$ -		
Cris Hirsch	Immediate Past Pres	386 462 3702	6109 NW 112th Pl., Alachua, FL 32615	2	0	0	\$ -		