

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **7/01/06**, and ending **6/30/07**

- 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

Intl. Lions Menomonie Lions Club

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

P.O. Box 44

Room/suite

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

Menomonie

WI 54751

D Employer identification number

39-6095340

E Telephone number

F Accounting method: Cash

Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations I

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates Yes No

H(c) Are all affiliates included? Yes No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **0239**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **N/A**

J Organization type

(check only one) 501(c) (**4**) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **102,486**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e			0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			16,936
	4	Interest on savings and temporary cash investments	4			46
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		85,504		
b	Less direct expenses other than fundraising expenses	9b		69,656		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			15,848	
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			32,830	
13	Program services (from line 44, column (B))	13			34,321	
14	Management and general (from line 44, column (C))	14				
15	Fundraising (from line 44, column (D))	15				
16	Payments to affiliates (attach schedule)	16			5,020	
17	Total expenses. Add lines 16 and 44, column (A)	17			39,341	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18			-6,511
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			9,000
	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, 19, and 20	21			2,489

COPY See Statement 1

Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Deduced by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid pay					
g Fees and contracts for					
94 Membership dues and					17,541
95 Interest on savings and			14	165	
96 Dividends and interest					
97 Net rental income or (loss) from:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from:					
99 Other investment income					
100 Gain or (loss) from sale of:					
101 Net income or (loss) from:			1	42,789	
102 Gross profit or (loss) from:					
103 Other revenue (a) _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	42,954	17,541
105 Total (add line 104 and line 103e)					60,495

Note: Line 105 plus line 103e

Part VII Related

Line No.	Explain of the other
94	Unsec

Part IX Inform

Name, address, and partnership, or division, of the organization

N/A

Part X Inform

(a) Did the organization have a net investment income? Yes No

(b) Did the organization have a net rental income or (loss) from debt-financed property? Yes No

Note: If "Yes" to (b)

Under penalty of perjury, I declare that I am the preparer of this return, and I believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: Dave Kreutzer President
Date: 11-9-05

Paid Preparer's Use Only

Preparer's signature: Richard J. Oldfield Date: 11-2-05 Check if self-employed:

Firm's name (or yours if self-employed): Richard J. Oldfield, CPA EIN: 39-1021299
address, and ZIP + 4: 1814 S. Broadway Menomonie, WI 54751 Phone no: 715-235-4255