

**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.

**A** For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08**

- B** Check if applicable
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

**C** Name of organization  
**Intl. Lions Menomonie Lions Club**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P.O. Box 44**

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 I are not applicable to section 527 organizations

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

**H(b)** If "Yes," enter number of affiliates **▶**

**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

**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.

**I** Group Exemption Number **▶ 0239**

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 128,028**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
		Contributions to donor advised funds	1a		
		Direct public support (not included on line 1a)	1b		
		Indirect public support (not included on line 1a)	1c		
		Government contributions (grants) (not included on line 1a)	1d		
		<b>Total</b> (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		<b>0</b>
		Program service revenue including government fees and contracts (from Part VII, line 93)	2		
		Membership dues and assessments	3		<b>15,532</b>
		Interest on savings and temporary cash investments	4		<b>116</b>
		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 <b>▶</b> )	7			
	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		<b>112,380</b>	
	b Less: direct expenses other than fundraising expenses	9b		<b>69,003</b>	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		<b>43,377</b>	
	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			
	d Other revenue (from Part VII, line 103)	11			
	<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		<b>59,025</b>	
Expenses	13	Program services (from line 44, column (B))	13	<b>24,266</b>	
	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	<b>5,242</b>	
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17	<b>29,508</b>	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	<b>29,517</b>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>2,489</b>	
	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	<b>32,006</b>	

SCANNED NOV 12 2008  
756  
OCT 19 2008  
OGDEN UT

61  
17

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) <b>Stmt 3</b> (cash \$ <b>10,400</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	<b>10,400</b>	<b>10,400</b>	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>	<b>2,563</b>	<b>2,563</b>	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <b>See Statement 4</b>	<b>43a</b>	<b>11,303</b>	<b>11,303</b>	
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	<b>24,266</b>	<b>24,266</b>	<b>0</b>

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► Civic/Social/Service/Community

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a (Grants and allocations \$ ) If this amount includes foreign grants, check here ►

b (Grants and allocations \$ ) If this amount includes foreign grants, check here ►

c (Grants and allocations \$ ) If this amount includes foreign grants, check here ►

d (Grants and allocations \$ ) If this amount includes foreign grants, check here ►

e Other program services (attach schedule) See Stmt 5 (Grants and allocations \$ 10,400 ) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 24,266

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash—non-interest-bearing	4,932	45	211
	46	Savings and temporary cash investments		46	28,795
	47a	Accounts receivable		47a	
	b	Less allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a	Other notes and loans receivable (attach schedule) <b>See Worksheet</b>	3,000	51a	
	b	Less allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	3,000
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities		54a	
	b	Investments—other securities (attach schedule)		54b	
	55a	Investments—land, buildings, and equipment basis		55a	
	b	Less: accumulated depreciation (attach schedule)		55b	55c
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis		57a	
b	Less: accumulated depreciation (attach schedule)		57b	57c	
58	Other assets, including program-related investments (describe ▶ )		58		
59	<b>Total assets (must equal line 74) Add lines 45 through 58</b>	<b>4,932</b>	<b>59</b>	<b>32,006</b>	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60	
	61	Grants payable	2,443	61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶ )		65	
66	<b>Total liabilities. Add lines 60 through 65</b>	<b>2,443</b>	<b>66</b>	<b>0</b>	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds	2,489	72	32,006
73	<b>Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)</b>	<b>2,489</b>	<b>73</b>	<b>32,006</b>	
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	<b>4,932</b>	<b>74</b>	<b>32,006</b>	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	59,025
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	59,025
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	59,025

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	29,508
<b>b</b>	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	29,508
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	29,508

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
Todd Sinz E5612 708th Ave Menomonie WI 54751	President 0	0	0	0
Pat Sandness 502 Oak Park Circle Menomonie WI 54751	Vice-Pres. 0	0	0	0
Jan Kademan 723 Ballentine Road Menomonie WI 54751	Secretary 0	0	0	0
Brian Sandness 502 Oakpark Circle Menomonie WI 54751	Treasurer 0	0	0	0
Rob Sinz 819 East Street Menomonie WI 54751	Director 0	0	0	0
Steve Schutte N6857 410th Street Menomonie WI 54751	Director 0	0	0	0
Ron Jordan 902 29th Ave N Menomonie WI 54751	Director 0	0	0	0
Dean Larson N6848 310th Street Menomonie WI 54751	Director 0	0	0	0



Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
85b			
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	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 501(c)(4) orgs. 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 a statement explaining each transaction	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	0
91a	The books are in care of <input type="checkbox"/> Richard J. Oldfield 1003 River Heights Road Located at <input type="checkbox"/> Menomonie, WI	Telephone no. <input type="checkbox"/> 715-235-0048 ZIP + 4 <input type="checkbox"/> 54751	
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 <input type="checkbox"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

	Yes	No
91c		X

c At any time during the calendar year, did the organization maintain an office outside of the United States?

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 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 payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					15,532
95 Interest on savings and temporary cash investments			14	116	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	43,377	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	43,493	15,532
105 Total (add line 104, columns (B), (D), and (E))					59,025

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	Used for Administrations and Community Projects

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<p><b>106</b> Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity</p>	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<p><b>107</b> Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity</p>	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<p><b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?</p>	Yes	No

**Please 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.

Signature of officer: *Todd Sinz* Date: 10-22-08  
 Type or print name and title: **Todd Sinz, President**

**Paid Preparer's Use Only**

Preparer's signature: *Richard J. Oldfield* Date: 10/08/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Richard J. Oldfield, CPA**  
**1814 S. Broadway**  
**Menomonie, WI 54751**

Preparer's SSN or PTIN (See Gen Instr X): **39-1021299**  
 EIN: **39-1021299**  
 Phone no: **715-235-4255**

**Federal Statements****Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
Column A	\$
Checkered Flag Night	
Other Expenses	24,632
SubTotal	<u>24,632</u>
Column B	
Demo Derby & Food	
Other Expenses	11,317
SubTotal	<u>11,317</u>
Column C	
Gun Raffle	
Other Expenses	13,372
SubTotal	<u>13,372</u>
Car on Ice	
Other Expenses	2,747
SubTotal	<u>2,747</u>
Fourth of July	
Other Expenses	3,079
SubTotal	<u>3,079</u>
Game Park	
Other Expenses	9,706
SubTotal	<u>9,706</u>
Wheel Chair/Golf	
Other Expenses	690
SubTotal	<u>690</u>
Mints	
Other Expenses	500
SubTotal	<u>500</u>
Misc. Income	
Other Expenses	543
SubTotal	<u>543</u>
3 on 3 Basketball	
Other Expenses	2,417
SubTotal	<u>2,417</u>
SubTotal (Others)	<u>19,682</u>
Total	<u><u>69,003</u></u>

Direct expenses other than fundraising expenses  
reported on Form 990, page 1, line 9b.



396095340 Intl. Lions Menomonie Lions Club

39-6095340

FYE: 6/30/2008

## Federal Statements

### Statement 5 - Form 990, Part III, Line e - Other Program Services

#### Description

---

Grants for Community Benefits Projects

396095340 Intl. Lions Menomonie Lions Club  
 39-6095340  
 FYE: 6/30/2008

## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org		Class of Activity			BV Expl	FMV Expl
			Cash Contrib	NonCash Contrib	Book Value	NonCash Contrib	Book Value		
Adopt A Highway			\$	36	\$				\$
Aid to Handicap				700					
Board of Directors Grants				220					
Community Projects				619					
Easter Egg Hunt				473					
Float & Parade				446					
Relay for Life				250					
Senior Citizens				300					
Sight Hearing				556					
Youth				5,349					
Nature Trail				128					
Eye Bank Transport				30					
Mission to Mexico				693					
Diabetes/Drug Awareness				100					
Eye Glasses Project				200					
Camp Needlepoint				300					

396095340 Intl. Lions Menomonie Lions Club  
 39-6095340  
 FYE: 6/30/2008

## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		Book Value	BV Expl	FMV Expl
				NonCash Contrib	Cash Contrib			
				\$ 0	\$ 10,400			
Total				\$ 0	\$ 10,400			

**Federal Statements****Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
Expenses	\$	\$	\$	\$
Meals	7,999	7,999		
Misc Expenses	1,767	1,767		
Spouses Nite	1,537	1,537		
Total	<u>\$ 11,303</u>	<u>\$ 11,303</u>	<u>\$ 0</u>	<u>\$ 0</u>

396095340 Intl. Lions Menomonie Lions Club

39-6095340

## Federal Statements

FYE: 6/30/2008

### Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ 15,532
Total	\$ <u>15,532</u>

396095340 Intl. Lions Menomonie Lions Club  
39-6095340  
FYE: 6/30/2008

## Federal Statements

### Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates

Bus Name Address	Purpose	Amount
		\$ 5,242
		<u>\$ 5,242</u>

Total