

ns 8/13/07

OMB No. 1545-1150

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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

**2006**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2006 calendar year, or tax year beginning** 7/1/2006 , 2006, and ending 6/30/2007

- 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**  
**THE LIONS CLUB OF NORTH ROYALTON OHIO**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**9201 Royal Valley Drive**

City or town, state or country, and ZIP + 4  
**North Royalton, OH 44133**

**D Employer identification number**  
**20 0333058**

**E Telephone number**  
**( 440 ) 237-1981**

**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:** ▶ www.northroyaltonlions.org

**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 is not a section 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 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.** ▶ \$ **36,417**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received																								0					
	2	Program service revenue including government fees and contracts																								0					
	3	Membership dues and assessments																								2,625					
	4	Investment income																								0					
	5a	Gross amount from sale of assets other than inventory																		0											
	b	Less: cost or other basis and sales expenses																		0											
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																		0											
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																								See Statement 2					
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)																		32,922											
	b	Less: direct expenses other than fundraising expenses																		20,701											
c	Net income or (loss) from special events and activities (line 6a less line 6b)																		12,221												
7a	Gross sales of inventory, less returns and allowances																		0												
b	Less: cost of goods sold																		0												
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																		0												
8	Other revenue (describe ▶ See Statement 1)																								870						
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																								15,716						
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 3																								6,430					
	11	Benefits paid to or for members																								0					
	12	Salaries, other compensation, and employee benefits																								0					
	13	Professional fees and other payments to independent contractors																								0					
	14	Occupancy, rent, utilities, and maintenance																								0					
	15	Printing, publications, postage, and shipping																								0					
	16	Other expenses (describe ▶ See Statement 4)																								4,666					
	17	<b>Total expenses</b> (add lines 10 through 16)																								11,096					
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																								4,620					
	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)																								5,706					
	20	Other changes in net assets or fund balances (attach explanation)																													
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)																								10,326					

### 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 51 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5,156	9,776
23	Land and buildings	0	0
24	Other assets (describe ▶ See Statement 6)	550	550
25	<b>Total assets</b>	5,706	10,326
26	<b>Total liabilities</b> (describe ▶)	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	5,706	10,326

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

Cat. No. 106421

Form **990-EZ** (2006)

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>PROMOTION AND TEATMENT OF EYE PROBLEMS</b>			
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.			
<b>28</b>	See Statement 5		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>6,430</b>
<b>29</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>6,430</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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
See Statement 7				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)			Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		✓
<b>34</b>	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	<b>34</b>		✓
<b>35</b>	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.			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		✓
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<b>0</b>		
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>		✓
<b>38a</b>	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?	<b>38a</b>		✓
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	<b>0</b>	
<b>39</b>	<b>501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 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 . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_ **0**
- d** Enter amount of tax on line 40c 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? . . . . .

	Yes	No
<b>40b</b>		✓
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		✓

**41** List the states with which a copy of this return is filed. ▶ OH

**42a** The books are in care of ▶ Paul Moraco Telephone no. ▶ 440-237-1981  
 Located at ▶ 9201 Royal Valley, North Royalton, OH ZIP + 4 ▶ 44133

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

- 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**

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**

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer

▶ Neil Sheeley, Director  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ▶  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

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

THE LIONS CLUB OF NORTH ROYALTON OHIO  
 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
 June 30, 2007

	GROSS RECEIPTS	DONATIONS	DIRECT COSTS	NET INCOME
<b>Form 990, Page 1, Line 6 - Schedule of Special Events</b>				
Annual Dinner	18180	0	12024	6156
Save and Eye Golf Outing	9026	0	5313	3713
Annual Poor Mans Dinner	4878	0	3088	1790
Lions Mint Sales	379	0	176	203
Gas Card Fund Raiser	454	0	100	354
Other	5	0	0	5
	<u>32922</u>	<u>0</u>	<u>20701</u>	<u>12221</u>
<b>Form 990, Page 1, Line 8 - Other Revenue</b>				
Annual Installation	1125	0	1101	24
Recycle Income	215	0		215
Tailtwisting Income	86	0		86
Half & Half	245	0		245
Club Members Donations	300	0		300
	<u>1971</u>	<u>0</u>	<u>1101</u>	<u>870</u>
<b>Form 990, Page 1, Line 10 - Grants and Similar Amounts Paid</b>				
Lion Pilot Dogs				400
Cole Eye Institute				200
Adopt a Highway				367
Halloween Bags for Kids				513
Lions Hearing Aid Bank				200
Lighting of Green				50
North Royalton Baseball Boosters				100
North Royalton High School Golf				250
Ohio Lions Eye Research				400
Ohio Lions Foundation				500
North Royalton High School Scholarships				1500
Lions Eye Clinic at St Vincent Charity Hospital				1500
Greater Akron Lions Eye Program				300
Camp Echoing Hills				150
				<u>6430</u>
<b>Form 990, Page 1, Line 16 - Other Expenses</b>				
Lions Promotional Expense				1368
Website				59
Lions District 13C Expense				60
Guest Speaker Expense				86
Club Supplies				311
Lions MD13 and District 13C Dues				2385
Registration - State of Ohio				50
Members Expenses				347
				<u>4666</u>

Statement 5

Form: 990 EZ

Page: 2

Part: III

Question:

THE LIONS CLUB OF NORTH ROYALTON OHIO

20-0333058

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Public, Society Benefit Programs, General/Other: CIVIC SERVICE AND SCHOLORSHIPS (0 GENERAL PUBLIC)	\$2,780.00
<b>Grants and Allocations:</b> \$0.00 This amount includes foreign grants: N/A	
Health Care Programs, General/Other: OHIO LIONS EYE CARE AND TREATMENT FOR INDIGENT AND NEEDY (0 NEEDY AND INDIGENT)	\$3,650.00
<b>Grants and Allocations:</b> \$0.00 This amount includes foreign grants: N/A	
<b>Total:</b>	<b>\$6,430.00</b>

Statement 7  
 Form: 990 EZ  
 Page: 2  
 Part: IV  
 Question:

THE LIONS CLUB OF NORTH ROYALTON OHIO  
 20-0333058

**Officers, Directors, Trustees, and Key Employees**

Name and Address	Hrs	Comp.	Benefits	Expenses
Daniel Evans  Title: President Addr 1: 4881 Vale Drive Addr 2: CSZ: North Royalton, OH 44133 Country: United States	2	\$0.00	\$0.00	\$0.00
Keith Gruber  Title: Vice President Addr 1: 4543 White Bark Circle Addr 2: CSZ: North Royalton, OH 44133 Country: United States	2	\$0.00	\$0.00	\$0.00
Neil Sheeley  Title: Vice President Addr 1: 9404 Sherman Lane Addr 2: CSZ: North Royalton, OH 44133 Country: United States	2	\$0.00	\$0.00	\$0.00
Paul Moraco  Title: Treasurer Addr 1: 9201 Royal Valley Drive Addr 2: CSZ: North Royalton, OH 44133 Country: United States	2	\$0.00	\$0.00	\$0.00
Richard Abrams  Title: Secretary Addr 1: 4430 Sir Robert Avenue Addr 2: CSZ: North Royalton, OH 44133 Country: United States	2	\$0.00	\$0.00	\$0.00
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>