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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

MULTIPLE DISTRICT NO. 33, LIONS CLUBS INTERNATIONAL

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

201 PARK AVE, STE 2

Room/suite

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

WEST SPRINGFIELD MA 01089-1597

D Employer identification number
83-0504460

E Telephone number
413-734-9040

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 ▶

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: ▶ **LIONS-MD33.ORG**

J Organization type

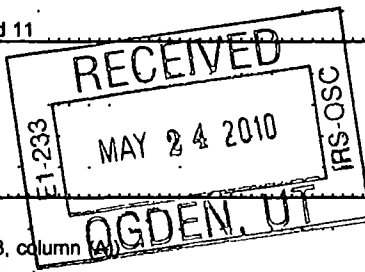
(check only one) ▶ ☒ 501(c) (**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ **219,044**

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

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	4,682
c	Indirect public support (not included on line 1a)	1c	91,612
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 96,294 noncash \$)	1e	96,294
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	87,874
3	Membership dues and assessments	3	15,758
4	Interest on savings and temporary cash investments	4	960
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	
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	15,813
b	Less direct expenses other than fundraising expenses	9b	2,275
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	13,538
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	2,345
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	216,769
13	Program services (from line 44, column (B))	13	206,432
14	Management and general (from line 44, column (C))	14	
15	Fundraising (from line 44, column (D))	15	6,683
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	213,115
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,654
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	77,717
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	81,371



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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) STMT 2 (cash \$ 75,000 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 75,000	75,000		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c 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) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 2,863	2,863		
34 Telephone	34			
35 Postage and shipping	35 2,986	2,986		
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 17,505	17,505		
39 Travel	39			
40 Conferences, conventions, and meetings	40 51,286	51,286		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a 63,475	56,792		6,683
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 213,115	206,432	0	6,683

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?

▶ SEE STATEMENT 4

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 PROVIDE EDUCATIONAL CONFERENCES AND INFORMATION TO THE MEMBERS OF THE LIONS CLUBS OF MASSACHUSETTS.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	59,713
b TO PROMOTE PARTICIAPTION BY MASSACHUSETTS RESIDENTS IN ORGAN DONOR PROGRAMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	18,088
c TO TEACH HIGH SCHOOL AHE CHILDREN HOW TO WORK TOGETHER AND TO ENCOURAGE THEM TO BETTER THEMSELVES THROUGH PARTICIPATION IN COOPERATIVE ACTIVITIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	53,631
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) SEE STMT 5	
(Grants and allocations \$ 75,000) If this amount includes foreign grants, check here <input type="checkbox"/>	75,000
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	206,432

Form **990** (2006)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash-non-interest-bearing	57,717	45	40,371
	46 Savings and temporary cash investments	20,000	46	41,000
	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) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	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 <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	77,717	59	81,371	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		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 <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	77,717	67	81,371
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		72	
	73 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)	77,717	73	81,371
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	77,717	74	81,371	

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

N/A

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

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

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
RICHARD DUNN 221 WINTER STREET	WALTHAM MA 02451	COUNCIL CHAIR 10	0	0	0
DONALD CORREIA PO BOX 848	MATTAPOISETT MA 02739	TREASURER 20	0	0	0
WILLIAM RATHBUN 32 GREENACRE LANE	EAST LONGMEADOW MA 01028	SECRETARY 10	0	0	0
DAVID N GERVAIS 42 ELY AVE	WEST SPRINGFIELD MA 01089	DISTRICT GOV 20	0	0	0
DENIS LEGARE 16 SOUTH STREET	PETERSHAM MA 01468	DISTRICT GOV 20	0	0	0
SHARON POTTER 12 GREEN STREET	MERRIMAC MA 01860	DISTRICT GOV 20	0	0	0
RITA PIERCE 164 EAST MAIN STREET	HOPKINTON MA 01748	DISTRICT GOV 20	0	0	0
ARMAND SKIP BECOTTE 35 HEDGE STREET	FAIRHAVEN MA 02356	DISTRICT GOV 20	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes	No
-----	----


<p>75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings</p>			
<p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>	<p>75b</p>		<p>X</p>
<p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"</p>	<p>75c</p>		<p>X</p>
<p>If "Yes," attach a statement that includes the information described in the instructions</p>			
<p>d Does the organization have a written conflict of interest policy?</p>	<p>75d</p>	<p>X</p>	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI Other Information (See the instructions.)**

Yes	No
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76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization 			
<div style="text-align: right;"> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt </div> 81a Enter direct and indirect political expenditures. (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		X

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	
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	
85	501(c)(4), (5), or (6) organizations a 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.	N/A	
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
	85g		
	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		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		X
89a	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 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		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
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?		X
	89g		
90a	List the states with which a copy of this return is filed ▶ MA		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	0
91a	The books are in care of ▶ DONALD R CORREIA P O BOX 848 Located at ▶ MATTAPOISETT, MA	Telephone no ▶ 508-758-4738 ZIP + 4 ▶ 02739	
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, Report of Foreign Bank and Financial Accounts		
	91b	Yes	No
			X

Part VI Other Information (continued)

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

91c

Yes No

☐ ☒

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

93 Program service revenue:

a **SEE STATEMENT 6**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

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

102 Gross profit or (loss) from sales of inventory

103 Other revenue a

b **RAFFLE PRIZE**c **EQUIPMENT RENTAL**d **INT'L CONVENTION PRIZE**e **BANK CHARGES REVERSED**

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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	
			87,874	
		2	15,758	
				960
		2	13,538	
		2	335	
		2	1,200	
		2	800	
		2	10	
	0		119,515	960
				120,475

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)
93A	TO PROMOTE AND ADVANCE LIONISM IN MASSACHUSETTS AND TO TO PROVIDE PROPER ADMINISTRATION OF THE LIONS CLUBS OF MASSACHUSETTS.

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).

106 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.

Yes	No
	X

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

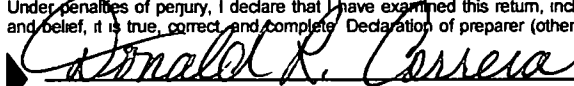
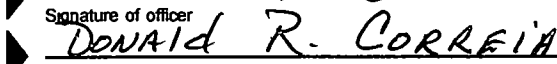



107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

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

108 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?

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		Date 5-18-2010	
Paid Preparer's Use Only	 Type or print name and title		Date 5-17-2010	
	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X)
Firm's name (or yours if self-employed), address, and ZIP + 4		THIS TAX RETURN PREPARED BY A NON-PAID PREPARER.		EIN 
		Phone no 		

Federal Statements**Form 990, Part I, Line 1b - Direct Public Support**

Description	Cash	Noncash	Total
	\$ 4,682	\$	\$ 4,682
	\$ 4,682	\$ 0	\$ 4,682

Form 990, Part I, Line 1c - Indirect Public Support

Description	Cash	Noncash	Total
	\$ 627	\$	\$ 627
	75,000		75,000
	15,985		15,985
	\$ 91,612	\$ 0	\$ 91,612

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
ASSESSMENTS ON LIONS CLUBS	\$ 15,758
TOTAL	<u>\$ 15,758</u>

27275 MULTIPLE DISTRICT NO. 33, LIONS
83-0504460
FYE: 6/30/2007

Federal Statements

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Statement 2 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	Class of Activity	NonCash Contrib	Book Value	BV Explan	FMV Explan
MA LIONS EYE RESEARCH FUND, INC PO BOX 6050 NEW BEDFORD MA 02742	10/12/06	NONE		\$ 75,000	PROVIDE SEED GRANTS		\$		
TOTAL				\$ 75,000		\$ 0	\$ 0		

83-0504460

Federal Statements

FYE: 6/30/2007

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
PIN SALES				
SPIRIT OF 76 STATE PINS	1,416			1,416
MA SHIP'S WHEEL PIN	2,167			2,167
ALLSTATE BAND RAFFLE				
RAFFLE PRIZES PAID OUT	3,100			3,100
EXPENSES				
ALL STATE BAND EEXPENSES				
AWARDS	1,032	1,032		
BOND ASSESSMENT	28	28		
CONDUCTOR FEES	3,300	3,300		
CORI CHECKS	180	180		
MEALS FOR CHAPERONS	483	483		
BAND UNIFORM DRY CLEANING	73	73		
ROOM AND BOARD	37,074	37,074		
POSTAGE	456	456		
PRINTING	1,052	1,052		
PATCHES	1,102	1,102		
SUPPLIES	516	516		
TRANSPORTATION	3,771	3,771		
TRUCK RENTAL	794	794		
YOUTH SPEECH CONTEST				
STUDENT AWARDS	3,500	3,500		
JUDGES GIFTS	105	105		
REFRESHMENTS FOR JUDGES	135	135		
BOND	18	18		
TELEPHONE EXPENSE	12	12		
FLOWERS - STATE CONVENTION	413	413		
HSPITALITY ROOM - STATE CONV	730	730		
VIP GIFT - STATE CONVENTION	160	160		
PIANIST - STATE CONVENTION	75	75		
CHECKS - STATE CONVENTION	13	13		
STENOGRAPHER - ST CONVENTION	300	300		
BANNER - STATE CONVENTION	240	240		
BOND PREMIUMS	878	878		
WEB SITE FEES	162	162		
YOUTH EXCHANGE EXPENSES	100	100		
LAZARUS FUND WEB SITE FEES	90	90		
TOTAL	\$ 63,475	\$ 56,792	\$ 0	\$ 6,683

Federal Statements**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO PROMOTE LIONISM IN MASSACHUSETTS THROUGH EDUCATIONAL
CONFERENCES FOR THE DEVELOPMENT OF LIONS LEADERS AND TO
PROVIDE A PROPER ADMINISTRATION OF THE LIONS CLUBS
THROUGHOUT MASSACHUSETTS.

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

PROVIDE RESEARCH FUNDS TO FIND CAUSES OF PREVENTABLE EYE
DISEASES. ALL FUNDS GO TO 501(C)(3) RESEARCH FOUNDATIONS.

83-0504460

Federal Statements

FYE: 6/30/2007

Statement 6 - Form 990, Part VII. Line 93 - Program Service Revenue

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
LEADERSHIP INSTITUTE FEES		\$	3	\$ 7,930	\$
LEO CLUBS CONFERENCE FEES			3	3,844	
MEETING ROOM FEES			3	356	
ALL STATE BAND CLUB DONATIO			2	26,950	
ALL STATE BAND STUDENT FEES			2	4,950	
YOUTH SPEECH ASSESSMENTS			2	3,875	
2007 STATE CONVENTION REGIS			2	39,969	
TOTAL		\$ 0		\$ 87,874	\$ 0