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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)**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**

H and are not applicable to section 527 organizations I

 Yes No

H(a) Is this a group return for affiliates? ►

 Yes No

H(c) Are all affiliates included?

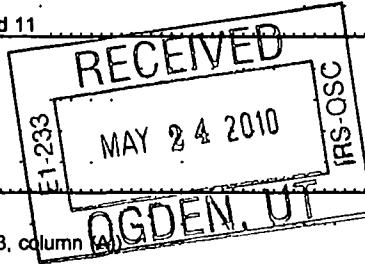
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes NoI Group Exemption Number ► **0239**M Check ► if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**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"/>	8d		
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	

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

DAA

610
22

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)			
	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.				
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 ► **59,713**

b TO PROMOTE PARTICIAPTION BY MASSACHUSETTS RESIDENTS IN ORGAN DONOR PROGRAMS.

(Grants and allocations \$) If this amount includes foreign grants, check here ► **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 ► **53,631**

d

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

e Other program services (attach schedule) SEE STMT 5

(Grants and allocations \$ **75,000**) If this amount includes foreign grants, check here ► **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.			
	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) (att. 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 ►)			58
	59 Total assets (must equal line 74) Add lines 45 through 58		77,717	59 81,371
	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 ►)			65
	66 Total liabilities. Add lines 60 through 65		0	66 0
	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
 b Amounts included on line a but not on Part I, line 12.
 1 Net unrealized gains on investments
 2 Donated services and use of facilities
 3 Recoveries of prior year grants
 4 Other (specify)

b1	a
b2	
b3	
b4	

Add lines b1 through b4
 c Subtract line b from line a
 d Amounts included on Part I, line 12, but not on line a:
 1 Investment expenses not included on Part I, line 6b
 2 Other (specify)

d1	b
d2	c

Add lines d1 and d2
 e Total revenue (Part I, line 12). Add lines c and d ►

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
 b Amounts included on line a but not Part I, line 17
 1 Donated services and use of facilities
 2 Prior year adjustments reported on Part I, line 20
 3 Losses reported on Part I, line 20
 4 Other (specify)

b1	a
b2	
b3	
b4	

Add lines b1 through b4
 c Subtract line b from line a
 d Amounts included on Part I, line 17, but not on line a:
 1 Investment expenses not included on Part I, line 6b
 2 Other (specify)

d1	b
d2	c

Add lines d1 and d2
 e Total expenses (Part I, line 17) Add lines c and d ►

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

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

75a	<p>Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings</p>	► 5	
b	<p>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>	75b	X
c	<p>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>	75c	X
d	<p>If "Yes," attach a statement that includes the information described in the instructions</p>	75d	X
	<p>Does the organization have a written conflict of interest policy?</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.)

Part VI Other Information (See the instructions.)

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	
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	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
	b If "Yes," enter the name of the organization ►		
	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions)	81a	
	b Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>

and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

181a

b Did the organization file Form 1120-POL for this year?

Form 990 (2006)

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?	82a	<input checked="" type="checkbox"/>
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?	83a	<input checked="" type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	<input checked="" type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
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.	85c	
c Dues, assessments, and similar amounts from members	85d	
d Section 162(e) lobbying and political expenditures	85e	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	
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?	86a	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86b	
b Gross receipts, included on line 12, for public use of club facilities	87a	
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	88a	<input checked="" type="checkbox"/>
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	88b	<input checked="" type="checkbox"/>
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	89a	
89a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►	89b	<input checked="" 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	89c	
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	0
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	89e	0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	<input checked="" type="checkbox"/>
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	<input checked="" type="checkbox"/>
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?	90a	
90a List the states with which a copy of this return is filed ► MA	90b	0
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	91a	
91a The books are in care of ► DONALD R CORREIA P O BOX 848 Located at ► MATTAPoisETT, MA	Telephone no ► 508-758-4738	
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 ►	ZIP + 4 ► 02739	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	<input checked="" type="checkbox"/>

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).

			Yes	No
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.			X

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

			Yes	No
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			X

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

			Yes	No
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?			

**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.

5-17-2010

Signature of officer

Date

DONALD R. CORREIA

5-17-2010

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 Instr X)
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Firm's name (or yours if self-employed), address, and ZIP + 4	THIS TAX RETURN PREPARED BY A NON-PAID PREPARER.	EIN	Phone no
---	--	-----	-------------

27275 MULTIPLE DISTRICT NO. 33, LIONS

83-0504460

FYE: 6/30/2007

5/15/2010 12:55 PM

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

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

5/15/2010 12:55 PM

Federal Statements

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

Description	Amount
ASSESSMENTS ON LIONS CLUBS	\$ 15,758
TOTAL	\$ 15,758

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

5/15/2010 12:55 PM

Federal Statements

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

Name Address	Date of Gift	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Expltn	FMV Expltn
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		

Federal Statements**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 EXPENSES				
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		
HOSPITALITY 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.

Federal Statements**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