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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

**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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No. 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		July 1	, 2009, and ending	June 30	, 2010
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Northridge Lions Club Number and street (or P.O. box, if mail is not delivered to street address) 4590 Derr Rd. City or town, state or country, and ZIP + 4 Springfield, Ohio 45503		D Employer identification number 31 6061912 E Telephone number	
				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) ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) — 501(c) (3) ► (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **72991.63**

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

Revenue 1 2 3 4 5a b c 6 a b c 7a b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ <u>100</u>) of contributions reported on line 1) <u>Nov 01 2010</u> b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► <u>Den Rentals - 15890.00 Rental Exp. 11762.94</u>) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► <u>Page 2 Att.</u>) 17 Total expenses. Add lines 10 through 16 ► 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	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
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29829.02	22 34644.09
23 Land and buildings	33000.00	23 33000.00
24 Other assets (describe ► <u>)</u>	24	
25 Total assets	62829.02	25 67644.09
26 Total liabilities (describe ► <u>)</u>	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62829.02	27 67644.09

20

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

Community and youth improvement

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, and other relevant information for each program title.

Expenses
Required for section
501(c)(3) and 501(c)(4)
organizations and section
507(a)(1) trusts; optional
for others.)

28	Lions Club International provides eye care to community, state and national projects. Our club provided free eye care and made donations to eye projects.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	2500.00
29	As a community club we put our resources in the community working toward providing neighborhood improvements.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	2979.38
30	As a community club we are also concerned with assisting youth. We provide various activities and donations to our elementary and high school youth.		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	5292.96
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		10772.34

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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
Bill Black Springfield, Ohio	President 5 Hours	0	0	0
Dewey Vulgamore Springfield, Ohio	Secretary 5 Hours	0	0	0
Allan Evans Springfield, Ohio	Treasurer 5 Hours	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a 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 outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► None		
42a The organization's books are in care of ► Dewey Vulgamore Telephone no. ► 937-390-1458 Located at ► Springfield, Ohio ZIP + 4 ► 45503		
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)?	42b	✓
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . ►

Sign Here	<p>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</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: center;">  <p>Dewey R. Vulgamore SECRETARY</p> <p>Signature of officer</p> </div> <div style="flex: 1; text-align: center;"> <p>10/25/2010</p> <p>Date</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="flex: 1;"> <p>Dewey Vulgamore Secretary</p> <p>Type or print name and title</p> </div> </div>	
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Preparer's name and address		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
Paid Preparer's Use Only	Preparer's signature	10/20/10		P00449970
	Larry E. Woolley	EIN	31 6168134	
	Firm's name (or yours if self-employed), address, and ZIP + 4	515 E. Cassilly St. Springfield, OH 45503	Phone no	937-322-8224

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Lions International - Northridge

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2010

Line 6A - Gross Revenue

Poinsettias & Mums	7609.75
N C Festival	987.60
Rose Day	6323.00
Christmas Trees	14183.41
Spring Cash Drawing	1690.00
Entertainment Books	2620.00
Pancake Breakfast	1411.00
Spring Flower Sale	2904.00
Sight & Hearing	0.00
5-K Marathon Runs	11042.15
Civic Improvement	0.00
President's Fund	0.00
Total Line 6A	48770.91

Line 6B - Direct Expenses

Poinsettias & Mums	5611.30
N C Festival	227.18
Rose Day	4947.50
Christmas Trees	9287.65
Spring Cash Drawing	898.80
Entertainment Books	2402.53
Pancake Breakfast	1151.96
Spring Flower Sale	2713.75
5-K Marathon Runs	2638.95
Total Line 6B	29879.62

Line 10 - Grants and Similar Amounts Paid

Sight & Hearing Projects	2500.00
Civic Improvement - Northridge	2979.38
Youth Services	5242.96
President's Fund	50.00
Discretionary Funds	0.00
Total Line 10	10772.34

Line 16 - Other Expenses

Meals - Members	3413.90
Dues	4287.26
Member Supplies	1206.37
Member Awards	177.00
Administrative Expenses	2969.26
Special Events	4068.66
Sunshine-Conventions-Meat Raffle	1707.76
Monte Carlo	68.86
Newsletter	946.27
Total Line 16	18845.34