

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

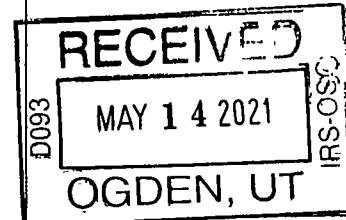
▶ Do not enter social security numbers on this form, as it may be made public

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning JULY 1 , 2019, and ending JUNE 30 , 20 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization INTERNATIONAL ASSOCIATION OF LIONS CLUBS WOOSTER NOON Number and street (or P O box if mail is not delivered to street address) Room/suite 1580 ARTHUR DR City or town, state or province, country, and ZIP or foreign postal code WOOSTER, OH 44691
D Employer identification number 34-0644458	
E Telephone number (330) 601-0751	
F Group Exemption Number ▶	
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: ▶ WWW.WOOSTERNOONLIONS.ORG	
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 41,069	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,458
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	24,298
	4 Investment income	4	749
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c		
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		8,784
c Less: direct expenses from gaming and fundraising events 6c		1,963	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		6,821	
7a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c			
8 Other revenue (describe in Schedule O)	8	3,780	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	39,106	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	22,623
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	320
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	921
	16 Other expenses (describe in Schedule O)	16	24,333
17 Total expenses. Add lines 10 through 16 ▶	17	48,197	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-9,091
	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)	19	36,168
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	27,077



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

SCANNED MAY 05 2022

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,924	22 37,563
23 Land and buildings		23
24 Other assets (describe in Schedule O)	873	24 1,505
25 Total assets	39,797	25 39,068
26 Total liabilities (describe in Schedule O)	3,629	26 11,991
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,168	27 27,077

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **CIVIC/SOCIAL SERVICE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Campaign 100 LCIF empowering service with focus areas of vision, disaster relief, youth and humanitarian causes.		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	8,254
29 Sight Care for the Needy Support given for eye glasses and eye exams for individuals who need assistance.		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	4,000
30 Camp Echoing Hills Support given to a camp for the developmentally disabled.		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	1,100
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	9,269
32 Total program service expenses (add lines 28a through 31a)	32	22,623

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lacie Neal President	2	0	0	0
Elyse Pycraft Immediate Past Pres./Membership Retention	1	0	0	0
Becky Thornton 1st Vice President	1	0	0	0
Doug Carpenter 2nd Vice President	1	0	0	0
Sean Havalotti 3rd Vice President	1	0	0	0
Lisa Nyhart Civic Improvement	1	0	0	0
Tricia Pycraft Secretary	4	0	0	0
David Spar Treasurer	2	0	0	0
John Veney Club Administrator	3	0	0	0
Becky Moore Lion Tamer	1	0	0	0
Debbie Shaffer Assistant Lion Tamer	1	0	0	0
Stacy Rottman Tail Twister	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		☒
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		☒
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		☒
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		☒
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 tax year 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; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	☒
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	OHIO	
42a The organization's books are in care of	DAVID SPAR, TREASURER	Telephone no. (330) 749-0149
Located at	290 VALLEY VIEW DR, WOOSTER, OH	ZIP + 4 44691
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	42b	☒
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	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	☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☒
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	☒

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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.

Sign Here Signature of officer David A. Spar Date 5-10-2021
David A. Spar, Treasurer
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no ▶

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

INTERNATIONAL ASSOCIATION OF LIONS CLUBS WOOSTER NOON

340644458

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Bike for Sight</u> (event type)	<u>Bowling</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	6017	1452	1315	8784
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	6017	1452	1315	8784
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1713		250	1963
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1963
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				6821

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL ASSOCIATION OF LIONS CLUBS WOOSTER NOON

Employer identification number

34-0644458

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

ANNUAL BANQUET \$3220 + MISC. \$206 + OTHER ACTIVITIES \$354

TOTAL TO FORM 990-EZ, LINE 8 = \$3780

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CONTRIBUTIONS TO VARIOUS ORGANIZATIONS. GRANTEE NAME: VARIOUS. SEE PART III ON PAGE 2 FOR

DETAILS. AMOUNT GIVEN = \$22623

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

MEALS \$14223 + INT'L DUES \$4390 + DISTRICT DUES \$616 + PAYPAL FEES \$390 + BAD DEBTS \$288 + ANNUAL BANQUET \$3745 +

MISCELLANEOUS \$681

TOTAL TO FORM 990-EZ, PART I, LINE 16 = \$24333

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

ACCOUNTS RECEIVABLE BEGINNING OF YEAR = \$873; END OF YEAR = \$985 <> PREPAID EXPENSES BEG OF YR = \$0; END OF YR = \$520

TOTAL TO FORM 990-EZ, PART II, LINE 24 = BEGINNING OF YEAR \$873; END OF YEAR \$1505

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

ACCOUNTS PAYABLE BEGINNING OF YEAR = \$2219; END OF YEAR \$953

ACCRUED EXPENSES BEGINNING OF YEAR = \$0; END OF YEAR \$8000

DEFERRED REVENUE BEGINNING OF YEAR = \$1410; END OF YEAR \$3038

TOTAL TO FORM 990-EZ, PART II, LINE 26 = BEGINNING OF YEAR \$3629; END OF YEAR \$11991

FORM 990-EZ, PART III, LINE 31A, OTHER PROGRAM SERVICE ACCOMPLISHMENTS.

DOGWOOD TREES \$523 + COMMUNITY PROJECTS \$1405 + MISCELLANEOUS \$841 + LIONS EYE PROGRAM \$500 + SCHOLARSHIPS \$1000 +

PILOT DOGS \$500 + OLERF \$800 + OHIO LIONS FOUNDATION \$400 + SIGHT & HEARING COMMITTEE \$500 + PEDIATRIC CANCER FDN \$500

+ OHIO LIONS INT'L RELATIONS \$400 + AKRON CHILDRENS HOSPITAL \$500 + GALEP \$500 + HEARING AID PROGRAM \$500 +

LIONS CLUBS INT'L FOUNDATION \$400 (ALL AMOUNTS NOTED ABOVE ARE EXPENSES. THERE WERE NO GRANTS.)

TOTAL TO FORM 990-EZ, PART III, LINE 31A = \$9269

Name of the organization

INTERNATIONAL ASSOCIATION OF LIONS CLUBS WOOSTER NOON

Employer identification number

34-0644458

FORM 990-EZ, PART IV, LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES:

THE FOLLOWING IS A LIST OF THE REMAINDER OF THE DIRECTORS DISCLOSED ON PAGE 2 ON THE 990-EZ. NONE OF THE FOLLOWING

DIRECTORS RECEIVED ANY COMPENSATION, BENEFITS, OR AN EXPENSE ALLOWANCE DURING THE FISCAL YEAR.

TAMMY CRUISE; TITLE: TAIL TWISTER; HOURS DEVOTED PER WEEK: 1.

BECKY BAKER; TITLE: ASSISTANT TAIL TWISTER; HOURS DEVOTED PER WEEK: 1.

JOHN BONE; TITLE: DIRECTOR; HOURS DEVOTED PER WEEK: 1.

CONNIE IMHOFF; TITLE: DIRECTOR; HOURS DEVOTED PER WEEK: 1.

ERIC MICHENER; TITLE: DIRECTOR; HOURS DEVOTED PER WEEK: 1.

ALAN NATHAN; TITLE: DIRECTOR; HOURS DEVOTED PER WEEK: 1.

ROBYN MCCLINTOCK; TITLE: DIRECTOR; HOURS DEVOTED PER WEEK: 1.

AMI HAMMOND; TITLE: DIRECTOR; HOURS DEVOTED PER WEEK: 3.