

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2007**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the **2007** calendar year, or tax year beginning 7/01, **2007**, and ending 6/30, **2008**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b></p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>International Association of Lions 9591 Carmel P.O. Box 1021 Carmel, IN 46082-1021</p>	<p><b>D</b> Employer identification number 35-6063331</p> <p><b>E</b> Telephone number 317-846-1191</p> <p><b>F</b> Group Exemption Number ..... ▶ 239</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.carmellions.com

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

**J** Organization type (check only one) —  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 59,163.

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

<b>REVENUE</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	5,772.
	<b>2</b>	Program service revenue including government fees and contracts .....	<b>2</b>	
	<b>3</b>	Membership dues and assessments .....	<b>3</b>	8,556.
	<b>4</b>	Investment income .....	<b>4</b>	3.
	<b>5a</b>	Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory. Subtract in 5b from ln 5a (attach schd) .....	<b>5c</b>	
	<b>6</b>	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here. ▶ <input type="checkbox"/>		
	<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1) .....	<b>6a</b>	37,590.
<b>6b</b>	Less: direct expenses other than fundraising expenses .....	<b>6b</b>	16,295.	
<b>6c</b>	Net income or (loss) from special events and activities. Subtract line 6b from line 6a .....	<b>6c</b>	21,295.	
<b>7a</b>	Gross sales of inventory, less returns and allowances .....	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold .....	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a .....	<b>7c</b>		
<b>8</b>	Other revenue (describe ▶ See Statement 2) .....	<b>8</b>	7,242.	
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) .....	<b>9</b>	42,868.	
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (attach schedule) .....	<b>10</b>	16,845.
	<b>11</b>	Benefits paid to or for members .....	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits .....	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors .....	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance .....	<b>14</b>	11,491.
	<b>15</b>	Printing, publications, postage, and shipping .....	<b>15</b>	792.
	<b>16</b>	Other expenses (describe ▶ See Statement 4) .....	<b>16</b>	8,040.
<b>17</b>	<b>Total expenses</b> (add lines 10 through 16) .....	<b>17</b>	37,168.	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 9 .....	<b>18</b>	5,700.	
<b>ASSETS</b>	<b>19</b>	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) .....	<b>19</b>	16,521.
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) .....	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	22,221.

**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(See Instructions)		<b>(A) Beginning of year</b>		<b>(B) End of year</b>	
<b>22</b>	Cash, savings, and investments .....	11,565.	<b>22</b>	17,479.	<b>23</b>		4,742.
<b>23</b>	Land and buildings .....	4,956.	<b>23</b>		<b>24</b>		
<b>24</b>	Other assets (describe ▶ _____) .....		<b>24</b>		<b>25</b>		22,221.
<b>25</b>	<b>Total assets</b> .....	16,521.	<b>25</b>	22,221.	<b>26</b>		0.
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____) .....	0.	<b>26</b>	0.	<b>27</b>		22,221.
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	16,521.	<b>27</b>	22,221.			

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 6</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	34,227.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses.</b> Add lines 28a through 31a	32	34,227.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
<u>See Statement 7</u>		0.	0.	0.

<b>Part V Other Information</b> (Note the statement requirement in the instructions.)		See Statement 8	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	34		X
35	<i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37 a		0.
b	Did the organization file <b>Form 1120-POL</b> for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved.	38 b		N/A
39	<b>501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on line 9.	39 a		N/A
b	Gross receipts, included on line 9, for public use of club facilities.	39 b		N/A

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

**40 a** 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** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation. . . . .

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

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0.

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

**41** List the states with which a copy of this return is filed ▶ None

**42 a** The books are in care of ▶ Carl Kinker, Treasurer Telephone no. ▶ 317-844-5342  
 Located at ▶ 13115 Hazelwood Ct Carmel IN ZIP + 4 ▶ 46033

**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: . . . ▶ \_\_\_\_\_

	Yes	No
<b>42 b</b>		X
<b>42 c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
 If 'Yes,' enter the name of the foreign country: . . . ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ **43** N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Carl Kinker \_\_\_\_\_  
 Type or print name and title. **Treasurer**

**Paid Preparer's Use Only**

Preparer's signature ▶ Self-Prepared Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See General Instruction X) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN ▶ \_\_\_\_\_  
 Phone no. ▶ \_\_\_\_\_

**Statement 1**  
**Form 990-EZ, Part I, Line 6**  
**Net Income (Loss) from Special Events**

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Fish Fry	18,901.	0.	18,901.	7,837.	11,064.
Fruit Sale	8,794.	0.	8,794.	5,678.	3,116.
Pancake Breakfast	6,811.	0.	6,811.	1,773.	5,038.
Strawberry Festival	3,084.	0.	3,084.	1,007.	2,077.
Total	<u>\$ 37,590.</u>	<u>\$ 0.</u>	<u>\$ 37,590.</u>	<u>\$ 16,295.</u>	<u>\$ 21,295.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Gumball Sales.....	\$ 389.
Miscellaneous.....	228.
Building Rental.....	6,625.
Total	<u>\$ 7,242.</u>

**Statement 3**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Grants and Allocations

Donee's Name: Amount Given:	Leader Dog	\$ 1,000.
Donee's Name: Amount Given:	Lions Eye Bank	\$ 1,000.
Donee's Name: Amount Given:	Lions Speech & Hearing	\$ 1,000.
Donee's Name: Amount Given:	Lions Cancer Fund	\$ 1,000.
Donee's Name: Amount Given:	Lions Clubs International Foundation	\$ 1,000.
Donee's Name: Amount Given:	Hamilton Co Meals on Wheels	\$ 500.
Donee's Name: Amount Given:	Indiana Lions Foundation	\$ 500.
Donee's Name: Amount Given:	Indiana School for the Blind	\$ 1,000.

**Statement 3 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**Cash Grants and Allocations

Donee's Name: Amount Given:	Legacy Fund	\$	500.
Donee's Name: Amount Given:	A Child's Wish Fund	\$	250.
Donee's Name: Amount Given:	Hoosier Boy & Girls State	\$	550.
Donee's Name: Amount Given:	Boy Scouts	\$	509.
Donee's Name: Amount Given:	Carmel Clay Historical Society	\$	200.
Donee's Name: Amount Given:	Project Graduation Carmel HS	\$	100.
Donee's Name: Amount Given:	Ronald McDonald House	\$	250.
Donee's Name: Amount Given:	Eye photo screenings - kids	\$	565.
Donee's Name: Amount Given:	Campaign Sight First II	\$	871.
Donee's Name: Amount Given:	Eye Glasses & exams for needy	\$	425.
Donee's Name: Amount Given:	Various small donations	\$	1,790.
Donee's Name: Amount Given:	Diabetes Youth Foundation	\$	300.
Donee's Name: Amount Given:	Girl Scouts	\$	435.
Donee's Name: Amount Given:	Carmel HS Foundation - Scholarship	\$	1,000.
Donee's Name: Amount Given:	USS Indianapolis Adobt a Survivor	\$	500.
Donee's Name: Amount Given:	Indiana Lions - Flood Relief	\$	1,000.
Donee's Name: Amount Given:	Indiana Lions Law Camp	\$	200.

**Statement 3 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Grants and Allocations

Donee's Name:	Post your Talents		
Amount Given:		\$	400.
	Total Cash Grants and Allocations	\$	<u>16,845.</u>
	Total Grants and Similar Amounts Paid	\$	<u><u>16,845.</u></u>

**Statement 4**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Depreciation.....	\$	214.
Lions Supplies.....		990.
Meeting expenses.....		1,138.
Miscellaneous.....		1,296.
National & State Dues.....		<u>4,402.</u>
	Total	\$ <u><u>8,040.</u></u>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Provide support, services, and funds to Lions organization and other exempt organization related to the preventions of blindness and provide support for other exempt organization in the local community.

**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Contributions made to organizations related to sight and other lions projects from the funds raised via the special events - See schedule of contributions		16,845.
Includes Foreign Grants: No		
Dues to National and State Lions organizations		4,402.
Includes Foreign Grants: No		
Carmel lions club building used at no charge by exempt organizations such as boy scouts, girl scouts, 4-h clubs, senior citizens center, local churches and to raise funds for the contributions listed		12,980.

**Statement 6 (continued)**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 34,227.</u>

**Statement 7**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP &amp; DC</u>	<u>Expense Account/Other</u>
Tom Lorson P.O. Box 1021 Carmel, IN 46082-1021	President 0	\$ 0.	\$ 0.	\$ 0.
Jim Colter P.O. Box 1021 Carmel, IN 46082-1021	Vice President 0	0.	0.	0.
Mark Anderson P.O. Box 1021 Carmel, IN 46082-1021	Vice President 0	0.	0.	0.
Robert Craigmyle P.O. Box 1021 Carmel, IN 46082-1021	Secretary 0	0.	0.	0.
Carl Kinker P.O. Box 1021 Carmel, IN 46082-1021	Treasurer 0	0.	0.	0.
<b>Total</b>		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 8**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No