

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
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

4 OCT 29 '10

A For the 2006 calendar year, or tax year beginning 2006, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDIA SHRINERS GROUP RETURN Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 261 City or town, state or country, and ZIP + 4 WATERTOWN NY 13601	D Employer identification number 22-2894054
		E Telephone number (315) 788-9738
		F Group Exemption Number 0229

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: N/A
J Organization type (check only one) — 501(c) (10) (insert no) 4947(a)(1) or 527

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

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. Attach to Form 990-EZ. **STATUTE UNIT RECEIVED** \$ **4,147.**

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

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	719.
4	Investment income		4	9.
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 (line 5a less line 5b) (attach schedule)		5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 3,419. of contributions reported on line 1)	6a	3,419.	
b	Less direct expenses other than fundraising expenses	6b	1,199.	
c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	2,220.
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 (line 7a less line 7b)		7c	
8	Other revenue (describe _____)		8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	2,948.
10	Grants and similar amounts paid (attach schedule)		10	
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	
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe <u>CHARITABLE CONTRIBUTIONS</u>)		16	1,625.
17	Total expenses (add lines 10 through 16)		17	1,625.
18	Excess or (deficit) for the year (line 9 less line 17)		18	1,323.
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	19,350.
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 through 20)		21	20,673.

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,350.	20,673.
23	Land and buildings	0.	0.
24	Other assets (describe _____)	0.	0.
25	Total assets	19,350.	20,673.
26	Total liabilities (describe _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,350.	20,673.

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

TEEA0812 01/19/07

Form 990-EZ (2006)

STATUTE CLEARED

SCANNED NOV 26 2010

OCT 27 2006
FPR BRANCH
OGDEN

RECEIVED
OCT 20 2010
OGDEN, UT

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>PHILANTHROPIC FATERNITY</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>PROVIDE FOR THE FOSTERING OF BROTHERHOOD AND MUTUAL BENEFIT AMONG MEMBERS</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	0.
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	Total program service expenses (add lines 28a through 31a)	32	0.

Part IV List of Officers, Directors, Trustees, and Key Employees (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

Part V Other Information (Note the statement requirement in the instructions)		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		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		X
35	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.		
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
	b Did the organization file Form 1120-POL for this year?		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?		X
	b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38 b	N/A
39	501(c)(7) organizations 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)

40a 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

	Yes	No
40b		X
40e		X

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d 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?

41 List the states with which a copy of this return is filed ▶ NEW YORK

42 a The books are in care of ▶ RAY WORCESTER Telephone no ▶ (315) 782-4428
 Located at ▶ 152 WINTHROP STREET, WATERTOWN, NY ZIP + 4 ▶ 13601

	Yes	No
42b		X
42c		X

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**.

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
 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

▶ H. James Topping Signature of officer Date 10/14/10
 ▶ H. JAMES TOPPING POTENTATE MEDIA SHRINERS Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ALAN C. BENNETT CPA Date 10/11/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALAN C. BENNETT CPA
201 E JEFFERSON ST STE 300 EIN ▶ _____
SYRACUSE NY 13202-2510 Phone no ▶ (315) 475-0605

**Form 990-EZ Information Regarding Transfers Associated
with Personal Benefit Contracts**

2006

Name as Shown on Return

MEDIA SHRINERS GROUP RETURN

Employer Identification No

22-2894054

1. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ▶ Yes No N/A
2. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ▶ Yes No N/A

Miscellaneous Statement

SUBSIDIARY ACCOUNTS

OSWEGO COUNTY SHRINE CLUB	23-7322541
THOUSAND ISLAND SHRINE CLUB	23-7323292
MALONE SHRINE CLUB	14-6088331
MASSENA SHRINE CLUB	23-7323293

Total