

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

INTERNATIONAL ASSOCIATION OF LIONS

DIST 14K EMMAUS LIONS CLUB

As Filed Data -

DLN: 93492265000051

D Employer identification number

23-1619088

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending 06-30-2011

Open to Public Inspection

_	ame cr utial ret	-	Number and street (or P O box, if mail is not delivered to street address) 3570 HAMILTON BLVD SUITE 202	Room/suite	E Telephone numb	er	
_	illiai rei erminat				(610) 43	39-5040	
_		d return	City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18103		F Group Exemptio	n	
	plication	on pending	ALLENTOWN, FA 10103		Number 🟲		
	count	ting method	Cash Accrual Other (specify) ►				
		N/A N/A	Cash Accidal Other (specify)	н	I Check ► 🔽 i	f the or	ganization is not
J Tax	-Exem	pt status(check	s only one)— 501(c)(3) 501(c)(4) ◀(Insert no) 4947(a)(1) or	I	required to atta (Form 990, 99	ach Sc	hedule B
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and i i-EZ or Form 990 return is not required though Form 990-N (e-po to file a return, be sure to file a complete return				
more	, file	Form 990 instead	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ		▶ \$		45,841
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Base or second to any question in the corganization used Schedule O to respond to any question in the		(See the instructi	ons fo	r Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	6,283
	2	Program ser	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	5,652
	4	Investment	income			4	117
	5a	Gross amou	nt from sale of assets other than inventory	5a			
9	ь	Less cost o	r other basis and sales expenses	5b	0		
Revenue	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	lıne 5a)		5с	
œ	6	Gaming and	fundraising events				
	а	Gross income fi	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	ь		ne from fundraising events (not including \$ <u>2,859</u> of contributions line 1) (attach Schedule G if the sum of such gross income and c		-		
	c	Less direct	expenses from gaming and fundraising events	6с	2,515		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and subt	ract line 6c)	6d	344
	7a	Gross sales	of inventory, less returns and allowances	7a	30,874		
	ь	Less cost o	fgoods sold	7b	18,826		
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	12,048
	8	Other reven	ue (describe in Schedule O)			8	56
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	24,500
	10	Grants and s	similar amounts paid (list in Schedule O)			10	16,106
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
in di in	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
Щ	15	Printing, pub	lications, postage, and shipping			15	
	16	O ther expen	ses (describe in Schedule O)			16	6,688
	17	Total expens	ses. Add lines 10 through 16			17	22,794
Ð	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	1,706
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (r	must agree	with		
≱t.A		end-of-year	figure reported on prior year's return)			19	20,008
ž	20	O ther chang	es in net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		•	21	21,714

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in this Pa	art II		r
(See the instruc	tions for Part II)	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			20,008	22	21,714
23 Land and buildings				23	
24 Other assets (describe in Schedule O)			24	
25 Total assets			20,008	25	21,714
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21) .	20,008	27	21,714
Part III Statement of Program Check if the organization used	Schedule O to respond to		art III .		Expenses quired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt To create and foster a spirit of understandi services through community involvement a Describe what was achieved in carrying ou describe the services provided, the numbe program title	ng among all people for hur and international cooperation t the organization's exemp	on t purposes In a clear a	and concise manner,	orga 494 opti	anizations and section 17 (a)(1) trusts, ional for others)
(Grants \$) If the 29	s amount includes foreign (grants, check here .	▶┌	28a	
(Grants \$) If the	s amount includes foreign	grants, check here .	▶┌	29a	
30					
(Grants \$) If the	s amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lin	<u> </u>			32	
Part IV List of Officers, Directors, Tru				struction	is for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances
See Additional Data Table					

Ра	rt v	Other Information (Note the statement requirements in the insti		· —			
		Check if the organization used Schedule O to respond to any question in this	s Part	v)		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Yotion of each activity in Schedule O			33		No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise,	explain the change on	34		Νο
35	others	organization had income from business activities, such as those reported on l), but not reported on Form 990-T, explain in Schedule O why the organizatio 90-T	n dıd r	ot report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		· / · //	35a		No
b	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .			35b		
36		e organization undergo a liquidation, dissolution, termination, or significant disar? If "Yes," complete applicable parts of Schedule N	-	=	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a				
b	Did the	e organization file Form 1120-POL for this year?			37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or ke	y employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	overe	d by this return?	38a		No
ь	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38ь				
39	Section	501(c)(7) organizations. Enter			1		
а	Initiati	on fees and capital contributions included on line 9	39a	0			
ь	Gross	receipts, included on line 9, for public use of club facilities	39b	0			
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization duri	ing the	year under			
	section 4	1911 ▶, section 4912 ▶, section 4955	<u> </u>				
b	transa	501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any secction during the year or did it engage in an excess benefit transaction in a pried on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	oryea	r that has not been	40b		No
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958		ion managers or	100		1,10
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reli zation	mburs e	ed by the			
е		anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T			40e		No
41	List the	states with which a copy of this return is filed 🕨 PA					
42a	The or	ganization's books are in care of 🏲 <u>JACK MACK</u>		Telephone no	► <u>(61</u>	.0)395	-5029
	Locate	8907 CEDAR ROAD ed at ► BREINIGSVILLE, PA		ZIP + 4	▶ 18	8031	
D		time during the calendar year, did the organization have an interest in or a si financial account in a foreign country (such as a bank account, securities acc				Yes	No
	accour	· · · · · · · · · · · · · · · · · · ·	,		42b		Νo
	If "Yes	," enter the name of the foreign country 🕒					
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, R oial Accounts.	eport o	of Foreign Bank and			
c	Atany	time during the calendar year, did the organization maintain an office outside	ofthe	US?	42c		Νo
	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			▶Γ
	and ent	er the amount of tax-exempt interest received or accrued during the tax year	•	• 43			
						Yes	No
44a		e organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompiet	red instead of			
	Form 9:	90 <i>-EZ.</i>			44a		Νo
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> I of Form990-EZ	Form 9	990 must be completed	44b		No
C	Did the	organization receive any payments for indoor tanning services during the ye	ar [?]		44c		No
d	If'Yes ın Sche	to line 44c, has the organization filed a Form 720 to report these payments dule O	? If 'No	o,' provide an explanation	44d		No
					i		1

orm 990-E	EZ (2010)							Page
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		-	f section 51	2(b)(13)? <i>If</i>	45		No
	he organization receive any payn iing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	he organization engage, directly o idates for public office? If "Yes,"	., .		ehalf of or in	opposition to			
Part VI				evemnt c	haritable tri	46	nlv	No
uit vi	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this F	art VI .			Yes	. 厂 No
7 Did th	he organization engage in lobbyir	na activities? If "Ves " c	complete Schedule C. Pa	rt II		47		
	e organization a school described					48		
	he organization make any transfe					49a		
b If "Ye	es," was the related organization	a section 527 organiza	tion?			49b		
	plete this table for the organization		. , ,		, ,			
	oyees) who each received more t	(b) Title and average			tributions to		e) Expe	nse
	and address of each employee ıd more than \$100,000	hours per week devoted to position	(c) Compensation	employee I	benefit plans &	a	count a	and
ONE								
) IN E								
0(f) Tot	al number of other employees pa	ıd over \$100,000 .						
0(f) Tota	al number of other employees pa	ıd over \$100,000 .				• <u> </u>		
1 Comp	blete this table for the organization	on's five highest comper			• each received n	►	an \$10	0,000
1 Compoficor		on's five highest comper n If there is none, enter	"None"	1	• each received n		an \$10 Compen	
1 Compoficor	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
1 Compoficor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
1 Compoficor (a) Na	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
Compoficor	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
1 Compoficor	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
1 Compoficor	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
1 Compofcor	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	1				
1 Compoficor (a) Na	plete this table for the organization	on's five highest comper on If there is none, enter indent contractor paid m	"None " ore than \$100,000	1				
1 Compoficor (a) Na ONE 1(d) Tota 2 Did	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and address of each independent of the organization complete Sche	on's five highest comper If there is none, enter indent contractor paid manager ontractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	ompen	sation
1 Compoficor (a) Na ONE 1(d) Tota unu	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Schest attach a completed Schedule	on's five highest comper If there is none, enter- ndent contractor paid min ontractors each receiving dule A? NOTE: All Section	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	eritable	sation trusts No
1 Composition of control (a) Na ONE 1(d) Tota 2 Did mu der penal owledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and address of each independent of the organization complete Sche	on's five highest compendent of the second o	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Type	c of service	npt cha	aritable (es	sation trusts No
1 Composition of control (a) Na ONE 1(d) Tota 2 Did mu ider penal owledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have	on's five highest compendent of the second o	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Type	c of service	npt cha	aritable (es	sation trusts No
1 Composition of control (a) Na ONE 1(d) Tota 2 Did mu der penal owledge a owledge.	al number of other independent of the organization ame and address of each independent of the organization and the organization and the organization complete Schest attach a completed Schedule and belief, it is true, correct, and complete it is true, correct.	on's five highest compendent of the second o	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Type	c of service	npt cha	aritable (es	sation trusts No
1 Composition of correct (a) Na ONE 1(d) Tota 2 Did mu Ider penal owledge a owledge.	al number of other independent of the organization ame and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete it is true, correct.	on's five highest compendent of the second o	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Type	7 (a)(1) nonexer	npt cha	aritable (es	sation trusts No
1 Composition of correct (a) Na ONE 1(d) Tota 2 Did mu Ider penal owledge a owledge.	al number of other independent of the organization ame and address of each independent of the organization and the organization and the organization complete Schest attach a completed Schedule and belief, it is true, correct, and complete it is true, correct.	on's five highest compendent of the second o	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Type	7 (a)(1) nonexer	npt cha	aritable (es	sation trusts No
1 Composition of correct (a) Na ONE 1(d) Tota 2 Did mu Ider penal owledge a owledge.	al number of other independent of the organization ame and address of each independent of the organization of the organization of the organization complete. So the stattach a completed Schedule of the organization of the organ	on's five highest compendent of the second o	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and st is based on a	7 (a)(1) nonexer	npt cha	aritable (es st of my prepare	trusts No r has a
1 Composition of correct (a) Na ONE 1(d) Tota 2 Did mu Inder penal owledge a owledge. ign ere	al number of other independent of the organization ame and address of each independent of the organization complete. Sche stattach a completed Schedule states of perjury, I declare that I have and belief, it is true, correct, and complete of officer. JACK MACK Treasurer Type or print name and title	on's five highest compendent of the second o	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and st is based on a	of service 7 (a)(1) nonexer atements, and to all information of 11-09-22 te Preparer's taxpay (See instructions)	npt cha	aritable (es st of my prepare	trusts No r has a
1 Compoficor (a) Na ONE 1(d) Tota 2 Did mu	al number of other independent of the organization ame and address of each independent of the organization complete. Sche st attach a completed Schedule states of perjury, I declare that I have and belief, it is true, correct, and complete of officer. JACK MACK Treasurer. Type or print name and title. Preparer's signature. Martin Lang. Firm's name (or yours). LangFaylor of self-employed),	on's five highest compendent on If there is none, enterndent contractor paid model on tractors each received dule A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and st is based on a	7 (a)(1) nonexer	npt cha	aritable (es st of my prepare	trusts No r has a

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492265000051

OMB No 1545-0047

2010

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE 0

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization INTERNATIONAL ASSOCIATION OF LIONS DIST 14K EMMAUS LIONS CLUB Employer identification number

23-1619088

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	DISTRICT EXPENSES \$26

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	DISTRICT CONVENTION \$75

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	ADMINISTRATIVE SUPPLIES \$170

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	DISTRICT DUES \$192

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	MISC ADMIN EXPENSES \$370

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	MISC OPERATING COSTS \$379

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	MISC OPERATING COSTS \$561

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	MEMBER WELFARE \$623

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	STATE DUES \$806

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	INTERNATIONAL DUES \$2587

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$899	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous receipts \$56

Software ID: 10000105 **Software Version:** 2010v3.2

EIN: 23-1619088

Name: INTERNATIONAL ASSOCIATION OF LIONS

DIST 14K EMMAUS LIONS CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 XMAS VISITATION (Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	941 28a	
29 EHS FITNESS TEAM (Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	1,500 29a	
30 EYEGLASSES AND EXAMS (Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	260 30a	
YOUTH ACTIVITIES (Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	237	
HIGH SCHOOL AWARDS (Grants \$)	If this amount includes foreign grants, check here 🕨 🗀	1,125	
LCIF - MELVIN JONES AWARD (Grants \$)	If this amount includes foreign grants, check here 🕨 📙	1,000	
SCHOLORSHIPS - NURSING AND (Grants \$)	OTHER If this amount includes foreign grants, check here ►	4,252	
PUBLIC ASSISTANCE FUND (Grants \$)	If this amount includes foreign grants, check here 🕨 📙	500	
CIVIC IMPROVEMENTS (Grants \$)	If this amount includes foreign grants, check here 🕨 🗍	1,051	
DISTRICT 14 PROJECTS (Grants \$)	If this amount includes foreign grants, check here 🕨 🗀	1,240	
BLIND AND VISUALLY IMPAIRED (Grants \$)	PRO GRAMS FOR THE LEHIGH VALLEY If this amount includes foreign grants, check here ►	4,000	

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

(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contributions to employee benefit plans	(E) Expense account and
	devoted to position	enter -0)	& deferred compensation	other allowances
DENNIS BUTZ 4048 ABBOTT ST COOPERSBURG,PA 18036	Vice President 5 00	0		
DUSTIN GRIM 3556 LENAPE LN EMMAUS,PA 18049	Vice President 5 00	0		
JACK MACK 8907 CEDAR ROAD BRENIGSVILLE,PA 18031	Treasurer 10 00	0		
ELLIOT BILLMAN 669 FURNACE STREET EMMAUS,PA 18049	Secretary 5 00	0		
RICHARD B SNYDER 4171 S 5TH STREET EMMAUS,PA 18049	Director 5 00	0		
ALLAN KNELLER 536 NORTH ST EMMAUS,PA 18049	Vice President 5 00	0		
JOSEPH STANTON 1438 BUTZ RD BREINIGSVILLE, PA 18031	President 10 00	0		