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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning JULY 1 , 2012, and ending JUNE 30 , 20 13

B Check if applicable	C Name of organization		D Employer identification number
<input checked="" type="checkbox"/> Address change	MULTIPLE DISTRICT NO 33 LIONS CLUBS INTERNATIONAL		83-0504460
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
<input type="checkbox"/> Initial return	C/O O'BRIEN 1501 MAIN ST UNIT 14		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ► 0239
<input type="checkbox"/> Amended return	TEWKSBURY MA 01876		
<input type="checkbox"/> Application pending			

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) 501(c) (4) ▲ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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
	2 Program service revenue including government fees and contracts	2 19178
3 Membership dues and assessments	3 15106	
4 Investment income	4	
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) FEB	6b	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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 73545	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 107829	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	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 in Schedule O)	16 130446	
17 Total expenses. Add lines 10 through 16 ►	17 130446	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (22617)
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 137784	
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 115167	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

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	137784	22 115167
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	137784	25 115167
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137784	27 115167

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

What is the organization's primary exempt purpose? SEE SCHEDULE O	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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 STATE CONVENTION PROVIDES ANNUAL REPORTING AND LEADERSHIP TRAINING TO 500 MASSACHUSETTS LIONS MEMBERS STATEWIDE			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	32054	
29 ALL STATE BAND PROVIDES APPROXIMATELY 100 HIGH SCHOOL STUDENTS AN OPPORTUNITY TO FORM A BAND, PRACTICE TOGETHER AND PERFORM CONCERTS			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	53204	
30 LAZARUS FUND PROVIDES ORGAN DONOR INFORMATION STATEWIDE TO EDUCATE PEOPLE ABOUT AND ENCOURAGE ORGAN DONATION			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	4561	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32	89819	

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
JEAN MARTIN 172 HOPE ST GREENFIELD MA	CHAIRWOMAN 10 HOURS	0	0	0
RICHARD BRAKS P O BOX 546 TEMPLETON MA	TREASURER 10 HOURS	0	0	0
DAVID O'BRIEN 10 OLD FARM RD METHUEN MA	SECRETARY 10 HOURS	0	0	0
TODD CROMACK P O BOX 344 SUNDERLAND MA	DIST GOVERNOR 20 HOURS	0	0	0
DENNIS LANDRY 32 CLARK ST GARDNER MA	DIST GOVERNOR 20 HOURS	0	0	0
JEANNE FARROW 65 EASTERN AVE WOBURN MA	DIST GOVERNOR 20 HOURS	0	0	0
PAUL CALNAN 2 QUAIL RUN RD NORFOLK MA	DIST GOVERNOR 20 HOURS	0	0	0
RAY MOREAU 15 OAKDALE ST ATTLEBORO MA 02703	DIST GOVERNOR 20 HOURS	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

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 33

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) 34

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)? 35a

 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 35b

 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 35c

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 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 0

 b 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 during the year under:

 section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

 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 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

 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 ► _____ 40c 0

 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____ 40d 0

 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 ► _____

42a The organization's books are in care of ► **JEAN MARTIN** Telephone no. ► _____
Located at ► **172 HOPE STGREENFIELD MA** ZIP + 4 ► _____

 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, Report of Foreign Bank and Financial Accounts**.

 c At any time during the calendar year, did the organization maintain an office outside 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

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

45b 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 <input type="checkbox"/>					
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	Yes	No		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No		
b	If "Yes," was the related organization a section 527 organization?	Yes	No		
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 paid more than \$100,000		(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 address of each independent contractor paid more than \$100,000		(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>David O'Brien</i>		Date 2/14/14		
	SECRETARY				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 ► <input type="checkbox"/> Yes <input type="checkbox"/> No					

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.

OMB No 1545-0047

2012

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Name of the organization

MULTIPLE DISTRICT NO 33 LIONS CLUBS INTERNATIONAL

Employer identification number

83-0504460

PAGE 1, LINE 8, OTHER REVENUE

STATE CONVENTION 30118

ALL STATE BAND 40877

LAZARUS 2550

TOTAL 73545

PAGE 1, LINE 16, OTHER EXPENSES

COUNCIL OF GOVERNORS 1637

STATE CONVENTION 32054

INTERNAL CONVENTION 10097

MEMBERSHIP COMMITTEE 864

YOUTH EXCHANGE 5102

LEADERSHIP COMMITTEE 7597

ALL STATE BAND 53204

INTERNAL CAMPAIGN 11003

IT COMMITTEE 754

LAZARUS COMMITTEE 4561

YOUTH SPEECH 3573

TOTAL 130446

PAGE 2, PART 3

THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROMOTE LIONS CLUBS ACTIVITIES IN MASSACHUSETTS

THROUGH EDUCATIONAL CONFERENCES FOR THE DEVELOPMENT OF LIONS CLUBS LEADERS AND TO PROVIDE

A PROPER ADMINISTRATION OF THE LIONS CLUBS IN MASSACHUSETTS.

**Application for Extension of Time To File an
Exempt Organization Return**

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. MULTIPLE DISTRICT NO 33 LIONS CLUB INTERNATIONAL	Employer identification number (EIN) or 83-0504460
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. C/O O'BRIEN 10 OLD FARM RD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. METHUEN MA 01844	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **RICHARD BRAKS, TREASURER**

Telephone No. ► **978-407-6011** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 _____ or

► tax year beginning JULY 1, 20 12, and ending JUNE 30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat No 27916D

Form **8868** (Rev. 1-2013)