



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



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

OMB No 1545-1150

2013Department of the Treasury
Internal Revenue ServiceUnder 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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C SARATOGA SPRINGS LIONS CLUB, INC P.O. BOX 166 SARATOGA SPRINGS, NY 12866
D Employer identification number 14-6035586	E Telephone number (518) 212-7752
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.SARATOGALIONS.COM	
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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 77,472.	

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	
	3	Membership dues and assessments	3	15,261.
	4	Investment income	4	14.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	13,270.
	6b	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	39,585.
6c	Less direct expenses from gaming and fundraising events	6c	13,827.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	39,028.	
EXPENSES	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	9,342.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,645.
	10	Grants and similar amounts paid (list in Schedule O)	10	47,985.
	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	
NET ASSETS	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	13,627.
	17	Total expenses. Add lines 10 through 16	17	61,612.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,033.
	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	21,494.
	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	23,527.

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

Form 990-EZ (2013)

25

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	21,494.	23,527.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	21,494.	23,527.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,494.	23,527.

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

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

Expenses	
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	

28	THE ORGANIZATION HAS ASSISTED ADULTS AND YOUTH OF THE COMMUNITY BY DONATING MONIES TOWARDS SIGHT, HEARING, AND YOUTH RELATED ORGANIZATIONS. (Grants \$ 47,985.) If this amount includes foreign grants, check here ☐	28 a	47,985.
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ☐	29 a	
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ☐	30 a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31 a	
32	Total program service expenses (add lines 28a through 31a) ☐	32	47,985.

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

[illegible]

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		X
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)		X
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)?		X
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a N/A, section 4912 40a N/A, section 4955 40a N/A		
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		X
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		X
41 List the states with which a copy of this return is filed 41 NONE		

42a The organization's books are in care of **42a** JOSEPH R. MURPHY Telephone no **42a** (518) 212-7752
 Located at **42a** P.O. BOX 166 SARATOGA SPRINGS NY ZIP + 4 **42a** 12866

	Yes	No
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		X
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 42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
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)		X

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		X

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		
----	--	--

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

49a		
-----	--	--

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

49b		
-----	--	--

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'

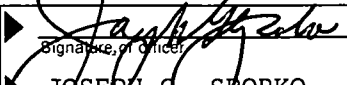
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 and 4947(a)(1) nonexempt charitable trusts 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 	Date <u>10/7/14</u>			
	JOSEPH G. SPORKO Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self employed	PTIN
		NON-PAID PREPARER	10/07/14		
	Firm's name				
	Firm's address				
		Firm's EIN			
		Phone no			

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ▶ See separate instructions.
- ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [**www.irs.gov/form990**](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

SARATOGA SPRINGS LIONS CLUB, INC

Employer identification number

14-6035586

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to 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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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 ten 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 column (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' to 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 <u>BREWFEET</u> (event type)	(b) Event #2 <u>GOLF TOURNAMEN</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	24,298.	15,287.		39,585.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	24,298.	15,287.		39,585.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,916.	6,279.		10,195.
	10 Direct expense summary Add lines 4 through 9 in column (d)				10,195.
	11 Net income summary Subtract line 10 from line 3, column (d)				29,390.

Part III Gaming. Complete if the organization answered 'Yes' to 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 column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other 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 operates gaming activities _____

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

b If 'No,' explain _____

10 a 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 operate 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 operated in

a The organization's facility

13a	%
1	100

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 contact 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

SARATOGA SPRINGS LIONS CLUB, INC

Employer identification number

14-6035586

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ORGANIZATION WHOSE ACTIVITIES ENCOURAGE HUMANITARIAN SERVICE TO THE COMMUNITY.

SPECIFICALLY, COMMUNITY NEEDS REGARDING SIGHT, HEARING, DIABETES, AND SUPPORT OF

YOUTH NEEDS AND ACTIVITIES.

SARATOGA SPRINGS LIONS CLUB, INC

14-6035586

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

MISCELLANEOUS REVENUES	\$	4,850.
LUNCH AND SOCIAL MEETINGS		4,492.
TOTAL	\$	9,342.

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME:	SEE ATTACHED	
CASH AMOUNT GIVEN:		\$ 47,985.

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

INSURANCE	\$	1,865.
LIONS CLUB INTERNATIONAL DUES		6,632.
LUNCH AND SOCIAL MEETINGS		1,538.
MISCELLANEOUS EXPENSE		2,373.
OFFICE EXPENSES		1,219.
TOTAL	\$	13,627.

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

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
CHARLES J. EAFRATO DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
MICHAEL P. BAXTER SECRETARY	1	0.	0.	0.
WILLIAM H. GIBEAULT PAST PRESIDENT	1	0.	0.	0.
KAREN FOSTER VICE PRESIDENT	1	0.	0.	0.
FRANK CARMICHAEL OFFICER	1	0.	0.	0.
DIONE RAMSDILL PAST PRESIDENT	2	0.	0.	0.

SARATOGA SPRINGS LIONS CLUB, INC

14-6035586

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
PETER E. BROWN OFFICER	1	\$ 0.	\$ 0.	\$ 0.
KEVIN P. RONAYNE DIRECTOR	1	0.	0.	0.
MARIA GEIZER OFFICER	1	0.	0.	0.
JOSEPH R. MURPHY TREASURER	1	0.	0.	0.
GARRY MILLARD OFFICER	1	0.	0.	0.
JOHN MICHAEL GONROFF DIRECTOR	1	0.	0.	0.
JOHN T. MCDONALD DIRECTOR	1	0.	0.	0.
JOSEPH G. SPORKO PRESIDENT	1	0.	0.	0.
MICHAEL A. STONEBACK DIRECTOR	1	0.	0.	0.
JIM FLYNN DIRECTOR	1	0.	0.	0.
DANIEL KUMLANDER DIRECTOR	1	0.	0.	0.
L. CLIFFORD VAN WAGNER DIRECTOR	1	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

SARATOGA SPRINGS LIONS CLUB, INC.

EIN # 14-6035586

YEAR ENDED JUNE 30, 2014

Form 990-EZ; Part I

Line 10 - Grants and Similar Amounts Paid

Community Related:

Equestrian Development Growth Experience	\$ 500.00
Franklin Community Center	1,800.00
Saratoga Stars (Handicapped Ice Skating)	4,782.81
Camp Abilities Saratoga, Inc.	5,000.00
Lions District 20-Y2	50.00
Backstretch Employee Service Team of New York, Inc.	500 00
Camp Saradac	695 00
Respect Award - SSHS Program	997 94
Saratoga National Little League (Team Sponsor)	495.00
Fort Plain Flooding Relief	396 36
Freedom Guide Dogs	500 00
Lions Club International Foundation - Measles Million Dollar Challenge	1,000.00
Operation Adopt a Soldier, Inc.	1,000.00
Saratoga Rowing Association	10,000.00
Saratoga Springs Lions Club Foundation	10,000.00
Wilton Food Pantry	500 00
Sub-total	<u>38,217.11</u>

Diabetes Related:

Voucher Program	300 00
Miscellaneous	25.00
Sub-total	<u>325 00</u>

Sight Related:

Lions Foundation at Albany - Knight of the Blind	500 00
Lions District 20-Y2	250 00
Saratoga Vision Associates	300.00
Guiding Eyes for the Blind	300.00
Lens Crafters, Inc.	1,000 00
Eye Care Specialists, LLP	350 00
Reynolds Family assistance	3,500.00
Lions Foundation at Albany	200.00
Sub-total	<u>6,400.00</u>

Hearing Related:

Affordable Hearing Aid Project	1,492.00
Hearing Care Solutions	500.00
Saratoga Hearing Center	610.00
Hearing aid supplies	440 74
Sub-total	<u>3,042 74</u>

Page Total \$ 47,984 85