See a Social Security Number? Say Something!
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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 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.

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 1 , 2013, and ending June 30 , 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
International Association of Lions 4884 Germantown

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
P.O. Box 38856

City or town, state or province, country, and ZIP or foreign postal code
Germantown, TN 388138

D Employer identification number
23 7200699

E Telephone number
901-497-1113

F Group Exemption Number ▶ 0239

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (4) ◀ (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 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 . . . . . ▶ $ 76368

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	3078
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	5114
	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)	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	76368	
	b	Less: cost of goods sold	7b	55646	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	20722
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	28914
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25337
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	532
	16	Other expenses (describe in Schedule O)		16	6004
	17	**Total expenses.** Add lines 10 through 16		17	31873
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(2959)
	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	22457
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	19498

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		22	19498
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**		25	19498
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		27	19498

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 . . ☑

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

What is the organization's primary exempt purpose? Help indigent visually impaired and prevent blindness

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	MidSouth Lions Sight & Hearing Services, Inc., provide needed services including eye surgeries to indigent and needy patients with little or no ability to pay in the 4 state area (AR.TN.MS.MO.) 318 patients	28a	9200
	(Grants $ 9200) If this amount includes foreign grants, check here . . . . ▶ ☐		
29	Various doctors and vendors - provided eye examinations and glasses to indigent and needy patients with no ability to pay in Germantown, TN and the surrounding area. 77 patients were provided eye exams and glasses if needed	29a	4590
	(Grants $ 4590) If this amount includes foreign grants, check here . . . . ▶ ☐		
30		30a	0
	(Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐		
31	Other program services (describe in Schedule O)	31a	11547
	(Grants $ 11547) If this amount includes foreign grants, check here . . . . ▶ ☐		
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	25337

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
Ronald Foster 6992 Rockingham Rd. Memphis, TN 38125	President	0	0	0
Amy Duesterhaus 222 Rhonda Cir.E-Cordova, TN 38018	1st V. President	0	0	0
Carolyn Schriber 1941 Appling Oaks Cir.-Cordova, TN38016	Secretary	0	0	0
Letty Fisher 6409 Cottingham Pl., Memphis, TN 38120	Treasurer	0	0	0
Katharyn Benson 1652 Red Barn Dr. Memphis, TN 38016	1st Yr Director	0	0	0
David Docauer 9142 Greenbrier Cv. Germantown, TN 38138	1st Yr. Director	0	0	0
Matthew Duesterhaus 222 Rhonda Cir.E - Cordova, TN 38018	2nd Yr Director	0	0	0
Frederick Kuhns 519 Princeton Cv. Memphis, TN 38117	2nd Yr Director	0	0	0
Floyd Schriber 1941 Appling Oaks Cv. Cordova, TN 38016	Membership Chair	0	0	0
Floyd Schriber 1941 Appling Oaks Cv., Cordova, TN 38016	Tail Twister	0	0	0
Paul Robert (Bob) Boone 2035 Wood Creek Dr., Germantown, TN 38135	Lion Tamer	0	0	0
K				

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	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			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		✓
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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 ▶ Tennessee			
42a	The organization's books are in care of ▶ Letty Fisher Telephone no. ▶ 901-497-1113			
	Located at ▶ 6409 Cottingham - Memphis, TN ZIP + 4 ▶ 38120-3200			
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)?	42b		✓
	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.?	42c		✓
	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			

			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	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		✓

			Yes	No
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	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 ☐

			Yes	No
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	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
NONE				

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
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

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

▶ Letty Fisher — Signature of officer — Date: 07-22-14

▶ Letty Fisher, Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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 . . . . . ▶ ☐ Yes ☐ No

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

International Association of Lions 4884 Germantown

Employer identification number

23 7200699

Part 1, Lion 7 a,b,c and Part 5, 35a - No IRS Form 990-T was filed for these amounts($76,368 gross sales, $55,646 cost and $20,722 gross profit) because this is "once a year" fund raising project selling fresh pecans and nut products to raise funds for our charties.

Part 111, Line 31 - See Schedule O attachment for details of other contributions/grants totaling$11,547

Part 1, Line 16 - Germantown Chamber of Commerce dues $175 - Lions Clubs Int'l dues $1,408 - TN District 12 L dues $700 Secretart of State of TN $150 - Meals - dinner meetings for members and guests $3,571 TOTAL $6,004

Schedule O, Form 990 EZ Year 2013 EID 23 7200699

Part III, Line 31 Other Contribtions/Grants Totalling $11,457

Clovernook Center for the Blind		1,000
Germantown Horse Show	Sponsor	300
Leader Dogs for the Blind		1,000
Love Unlimited		500
Murray State University	Scholorship	1,500
Science Fair	Award	71
SVOSH Optometric Service	Humanity	1,000
TN Lions Charities		1,000
TN School for the Deaf		500
Vanderbilt University	Scholorship	1,500
World Cataract Foundation		500
WYPL-FM		100
Fishing Rodeo		502
Lions Clubs International	Melvin Jones Award	1,000
	Magazines for Schools	24
itizen of the Year		1,050
	Total	11,547