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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/form990).

OMB No 1545-1150

**2013****Open to Public  
Inspection****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 ALBANY EAST**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

**PO BOX 123**

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

**ALBANY, OR 97321****D** Employer identification number**93-6032253****E** Telephone number**541-990-7584****F** Group Exemption

Number ▶

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **WWW.LIONSCLUBS.ORG****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. ▶ \$**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	3331
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4630
	4	Investment income	4	6
	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	
	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	74048
6c	Less: direct expenses from gaming and fundraising events	6c	32352	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41696	
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49663	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	50488
	11	Benefits paid to or for members	11	6162
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1600
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	157
	16	Other expenses (describe in Schedule O)	16	176
	17	<b>Total expenses.</b> Add lines 10 through 16	17	58582
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8919
	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	33921
	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	25002

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2013)

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**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
<b>22</b>	Cash, savings, and investments . . . . .	<b>33921</b>	<b>22 25002</b>
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .	<b>33921</b>	<b>25 25002</b>
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	<b>33921</b>	<b>27 25002</b>

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? Community and humanitarian service

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	Vision, hearing and humanitarian services		
	(Grants \$ ) If this amount includes foreign grants, check here	28a	50488
29			
	(Grants \$ ) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	50488

**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
<b>33</b> 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 . . . . .		✓
<b>34</b> 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) . . . . .		✓
<b>35a</b> 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)? . . . . .		✓
<b>b</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 . . . . .		
<b>c</b> 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 . . . . .		✓
<b>36</b> 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 . . . . .		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b> 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? . . . . .		✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .		
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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 . . . . .		✓
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>Mark Raum</b> . . . . . Telephone no. ▶ <b>541-990-7584</b> Located at ▶ <b>5471 Luckiamute Ln NE</b> . . . . . ZIP + 4 ▶ <b>97321-9013</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .	Yes	No
<b>c</b> 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: ▶ . . . . .		✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>b</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 . . . . .		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>45b</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) . . . . .		✓

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>

**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
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b>		<b>Nov. 1, 2014</b>
	Signature of officer	Date
	<b>Mark Raum, Treasurer</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	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 . . . . . ▶ ☐ Yes ☐ No

# Net Worth - As of 6/30/2014:2

(Includes unrealized gains)

As of 6/30/2014

10/29/2014

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Account	6/30/2014 Balance
<b>ASSETS</b>	
<b>Cash and Bank Accounts</b>	
Activity UB #1616	6,623.84
Admin UB #1624	644.49
Money Market #4614	17,359.47
Savings #0534	348.70
Lions Petty Cash	25.00
<b>TOTAL Cash and Bank Accounts</b>	<b>25,001.50</b>
<b>TOTAL ASSETS</b>	<b>25,001.50</b>
<b>LIABILITIES</b>	
	<b>0.00</b>
<b>OVERALL TOTAL</b>	<b>25,001.50</b>

# Income/Expense by Category - Last year

7/1/2013 through 6/30/2014

10/29/2014

Page 1

Category Description	7/1/2013- 6/30/2014	OVERALL TOTAL
<b>INCOME</b>		
Donations	1,571.00	1,571.00 ✓
Dues	4,630.00	4,630.00 ✓
Golf Income	10,670.00	10,670.00
Gun Show Income	29,584.00	29,584.00
Holiday Auction	1,250.00	1,250.00
Interest Inc	5.78	5.78 ✓
Lumberjack Breakfast Income	26,318.00	26,318.00
Misc Income	1,443.00	1,443.00 ✓
Raffle Income	6,226.00	6,226.00
Tail Twister Deposit	317.45	317.45 ✓
<b>TOTAL INCOME</b>	<b>82,015.23</b>	<b>82,015.23</b>
<b>EXPENSES</b>		
Uncategorized	0.00	0.00
Bank Charges	175.63	175.63
Dues and Subscriptions	4,450.13	4,450.13 ✓
General Donation	50,487.50	50,487.50 ✓
Golf Expenses	7,872.45	7,872.45 ✓
Gun Show Expenses	9,647.22	9,647.22 ✓
Lumberjack Breakfast Expense	13,403.18	13,403.18 ✓
Meals & Entertainment	183.60	183.60 ✓
Member Items	1,379.83	1,379.83 ✓
Misc Expense	48.28	48.28 ✓
Postage and Delivery	156.90	156.90 ✓
Raffle Expense	1,430.00	1,430.00 ✓
Shelter	1,600.00	1,600.00
Social Events	100.20	100.20 ✓
<b>TOTAL EXPENSES</b>	<b>90,934.92</b>	<b>90,934.92</b>
<b>OVERALL TOTAL</b>	<b>-8,919.69</b>	<b>-8,919.69</b>

# Golf Tournament - Last year:5

7/1/2013 through 6/30/2014

10/29/2014

Page 1

Date	Num	Memo	Category	Cir	Amount
<b>INCOME:</b>					<b>10,645.00</b>
<b>Golf income</b>					<b>10,645.00</b>
		Hole Sponsor			4,760.00
		Mulligans			565.00
		Team			5,320.00
<b>EXPENSES</b>					<b>-7,694.65</b>
<b>Golf Expenses</b>					<b>-7,694.65</b>
		Advertising			-1,191.85
		Course rental			-5,567.00
		Prizes			-935.80
		Other Golf Expenses			0.00
<b>OVERALL TOTAL</b>					<b>2,950.35</b>



# Gun Show - Last year

7/1/2013 through 6/30/2014

10/29/2014

Page 1

Date	Account	Num	Memo	Cir	Amount
<b>INCOME</b>					<b>29,584.00</b>
	Gun Show income				29,584.00
	Door Income				15,724.00
	Start-Up				0.00
	Table Rentals				13,860.00
<b>EXPENSES</b>					<b>-9,647.22</b>
	Gun Show Expenses				-9,647.22
	Advertising				-2,620.99
	Expo Expenses				-6,018.50
	Other				-513.73
	Security				-494.00
<b>OVERALL TOTAL</b>					<b>19,936.78</b>

# Lumberjack Breakfast - Last year

7/1/2013 through 6/30/2014

10/29/2014

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Date	Account	Num	Description	Cir	Amount
<b>INFLOWS</b>					<b>26,318.00</b>
	Uncategorized				0.00
	Lumberjack Breakfast Income				26,318.00
	Plate				25,147.00
	Sausage				1,171.00
	Start-up				0.00
<b>OUTFLOWS</b>					<b>-13,403.18</b>
	Lumberjack Breakfast Expense				-13,403.18
	Advertising				-1,212.10
	Other				-200.00
	Security				-836.00
	Supplies				-11,155.08
<b>OVERALL TOTAL</b>					<b>12,914.82</b>

# Raffle Report - Last year

7/1/2013 through 6/30/2014

10/29/2014

Page 1

Date	Account	Num	Description	Memo	Clr	Amount
<b>INFLOWS</b>						<b>6,251.00</b>
	Uncategorized					0.00
	Golf Income					25.00
	Raffle Income					6,226.00
<b>OUTFLOWS</b>						<b>-1,430.00</b>
	Raffle Expense					-1,430.00
	Prizes					-1,000.00
	Tickets					-430.00
<b>OVERALL TOTAL</b>						<b>4,821.00</b>

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