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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public
Inspection

► 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.

A For the 2013 calendar year, or tax year beginning		JULY 1	, 2013, and ending	JUNE 30	, 20 14
B Check if applicable		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) PO BOX 123		D Employer identification number 93-6032253 E Telephone number 541-990-7584	
F Group Exemption Number ►					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► WWW.LIONSCLUBS.ORG					
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/>					
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		
	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	6a		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	74048	
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)	6c	32352		
c	Less, direct expenses from gaming and fundraising events	6d	41696		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
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			
9	Total revenue. 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	Total expenses. 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. 10642I

Form **990-EZ** (2013)

4

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	33921	22 25002
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	33921	25 25002
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	33921	27 25002

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

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.

28	Vision, hearing and humanitarian services			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	50488	
29				
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a		
30				
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a		
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) ► <input type="checkbox"/>	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

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	37b	
b Did the organization file Form 1120-POL for this year?	38a	
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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 ► _____		
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 ► _____		
42a The organization's books are in care of ► Mark Raum Telephone no. ► 541-990-7584 Located at ► 5471 Luckiamute Ln NE ZIP + 4 ► 97321-9013		
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 .	42b	✓
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. ► _____	42c	✓
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 <input type="checkbox"/>		
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. 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."		

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	 Nov. 1, 2014 Date
	 Mark Raum, Treasurer	
	 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

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

(Includes unrealized gains)

As of 6/30/2014

10/29/2014

Page 1

Account	6/30/2014 Balance
ASSETS	
Cash and Bank Accounts	
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
TOTAL Cash and Bank Accounts	25,001.50
TOTAL ASSETS	25,001.50
LIABILITIES	
	0.00
OVERALL TOTAL	25,001.50

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
INCOME		
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✓
TOTAL INCOME	82,015.23	82,015.23
EXPENSES		
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✓
TOTAL EXPENSES	90,934.92	90,934.92
OVERALL TOTAL	-8,919.69	-8,919.69

Golf Tournament - Last year:5

7/1/2013 through 6/30/2014

10/29/2014

Page 1

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

Gun Show - Last year

7/1/2013 through 6/30/2014

10/29/2014

Page 1

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

Lumberjack Breakfast - Last year

7/1/2013 through 6/30/2014

10/29/2014

Page 1

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

Raffle Report - Last year

7/1/2013 through 6/30/2014

10/29/2014

Page 1

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

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