

2017

Open to Public  
Inspection

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.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning		July 1	, 2017, and ending	June 30	, 2018
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <span style="border: 1px solid black; padding: 0 2px;">?</span> <b>Lions Clubs International Albany East Lions</b> Number and street (or P.O. box, if mail is not delivered to street address) <span style="border: 1px solid black; padding: 0 2px;">?</span> <b>PO Box 123</b> City or town, state or province, country, and ZIP or foreign postal code <b>Albany, OR 97321</b>		<b>D Employer identification number</b> <span style="border: 1px solid black; padding: 0 2px;">?</span> <b>93-6032253</b> <b>E Telephone number</b> <b>(541) 990-7584</b> <b>F Group Exemption Number</b> <span style="border: 1px solid black; padding: 0 2px;">?</span> <b>0239</b>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				<b>H Check</b> <input type="checkbox"/> <b>if the organization is not required to attach Schedule B</b> <span style="border: 1px solid black; padding: 0 2px;">?</span> (Form 990, 990-EZ, or 990-PF)	
<b>I Website:</b> ► _____					
<b>J Tax-exempt status</b> (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					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other					
<b>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</b> ► \$ <b>95401</b>					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) <span style="border: 1px solid black; padding: 0 2px;">?</span> Check if the organization used Schedule O to respond to any question in this Part I <span style="border: 1px solid black; padding: 0 2px;">?</span>					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9575	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	6204	
	4	Investment income	4	5	
	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)			
	6	Gaming and fundraising events	6d	46517	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	
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	79617		
6c	Less: direct expenses from gaming and fundraising events	6c	33100		
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)				
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	62301		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	40336	
	11	Benefits paid to or for members	11	5086	
	12	Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 0 2px;">?</span>	12	0	
	13	Professional fees and other payments to independent contractors	13		
	14	Occupancy, rent, utilities, and maintenance	14	855	
	15	Printing, publications, postage, and shipping	15	319	
	16	Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 0 2px;">?</span>	16		
	17	<b>Total expenses.</b> Add lines 10 through 16	17	46596	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15704	
	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	24391	
	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	40095	
		Form 990-EZ (2017)			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642i

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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 Cash, savings, and investments</b>	<b>24391</b>	<b>22</b> 40095
<b>23 Land and buildings</b>		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25 Total assets</b>	<b>24391</b>	<b>25</b> 40095
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>24391</b>	<b>27</b> 40095

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

**Check if the organization used Schedule Q to respond to any question in this Part III**

What is the organization's primary exempt purpose? **Humanitarian Services**

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, optional for  
others.)

## 28 Vision and hearing services

?) If this amount includes foreign grants, check here  28a 11944

## 29 General humanitarian services

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  29a 28392

30 \_\_\_\_\_

*(Grants \$*  *) If this amount includes foreign grants, check here  30a*

31 Other program services (describe in Schedule Q)  If this account includes foreign grants, check here:  **30a**

31 Other program services (described in Schedule C)   If this amount includes foreign grants, check here   31a

**32 Total program service expenses (add lines 28a through 31a)** . . . . . ► **32** **40336**  
**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

B

**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 0	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	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 0	40c	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40d	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	✓
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		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		
41	List the states with which a copy of this return is filed ► Oregon		
42a	The organization's books are in care of ► Mark Raum Located at ► 5471 Lucklamute Ln NE Albany, OR	Telephone no. ► 5419907584 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? 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		
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	✓
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)	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

**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**

Check if the organization uses Schedule C to respond to any question		
	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 . . . . ► 0

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 . . . ► 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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		11-12-2018
	Signature of officer	Date
	Mark Raum, Treasurer	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	<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