

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 for the latest information.

2018

**Open to
Public
Inspection**

C Name of organization INTERNATIONAL ASSOCIATION OF LIONS DIST 14K EMMAUS LIONS CLUB	
Number and street (or P O box, if mail is not delivered to street address) 3570 HAMILTON BLVD SUITE 202	Room/suite
City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18103	

F Group Exemption
Number ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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. ▶ \$ 65,751

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	4,982	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	7,761	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	2	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b	0		
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	14,511		
c	Less direct expenses from gaming and fundraising events	6c	7,607		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,904		
7a	Gross sales of inventory, less returns and allowances	7a	38,495		
b	Less cost of goods sold	7b	25,479		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	13,016		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	32,665		
10	Grants and similar amounts paid (list in Schedule O)	10	22,503		
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			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	6,775		
17	Total expenses. Add lines 10 through 16	17	29,278		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,387		
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	21,775		
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	25,162		

Check if the organization used Schedule O to respond to any question in this Part II ☐

<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Part III</div> <div style="padding: 5px;"> 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 . . <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px;"> <p>What is the organization's primary exempt purpose? To create and foster a spirit of understanding among all people for humanitarian needs by providing voluntary services through community involvement and international cooperation</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>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</p> </div>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Expenses</div> <div style="padding: 5px;"> (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others) </div>
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32 Total program service expenses	(add lines 28a through 31a) ▶	32	22,503
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Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Form **990-EZ** (2018)

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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0
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), 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	40b	No
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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	No
41 List the states with which a copy of this return is filed ▶ PA		
42a The organization's books are in care of ▶ ANDREW MEGNA JR Telephone no ▶ (610) 965-3489		
Located at ▶ 503 E BERGER STREET EMMANUS , PA ZIP + 4 ▶ 18049		
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	No
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)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
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 <input type="checkbox"/> 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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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	No

		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	No

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	
49b	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. ► _____

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	Signature of officer		2019-08-22 Date	
	JOHN F BURIANEK JR President Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Martin Lang	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00168572
	Firm's name ► LangFaylorChomo & Co PC			Firm's EIN ► 23-3061579
	Firm's address ► 3570 Hamilton Blvd Suite 202 Allentown, PA 181034541			Phone no (610) 439-5040

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 23-1619088
Name: INTERNATIONAL ASSOCIATION OF LIONS
DIST 14K EMMAUS LIONS CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 DISTRICT 14 PROJECTS (Grants \$ 1,329)		28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

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<div>29 CIVIC IMPROVEMENTS</div> <div>(Grants \$ 2,597)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div>

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30 PUBLIC ASSISTANCE FUND (Grants \$ 1,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	

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SCHOLARSHIPS - NURSING AND OTHER (Grants \$ 6,700) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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<div>HIGH SCHOOL AWARDS</div> <div>(Grants \$ 1,800)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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<p>EYEGASSES AND EXAMS</p> <p>(Grants \$ 224)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		

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<div>EHS FITNESS TEAM</div> <div>(Grants \$ 1,500)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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XMAS VISITATION (Grants \$ 3,086) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<div>DRUG & ALCOHOL</div> <div>(Grants \$ 1,500)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
BLIND PROJECTS / BEACON LODGE (Grants \$ 1,050) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p>MISCELLANEOUS COMMUNITY ASSISTENCE</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		

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<div>PEACE POSTER</div> <div>(Grants \$ 867)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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<div>LEO CLUB</div> <div>(Grants \$ 50)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
MEMORIAL EXPENSE (Grants \$ 300) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, 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
VINCE TRANGUCH LION TAMER	5 00	0		
MARTY BEERS PAST President	5 00	0		
ELLIOT BILLMAN Vice President	5 00	0		
ANDREW MEGNA JR Treasurer	10 00	0		
DENNIS BUTZ DIRECTOR	5 00	0		
RICHARD SNYDER FIN SECRETARY	5 00	0		
JOHN F BURIANEK JR President	10 00	0		
RYAN SCHARADIN VICE PRESIDENT	5 00	0		
HENRY J HEIL DIRECTOR	5 00	0		
JAMES KELLER III DIRECTOR	10 00	0		
RICHARD LITZENBERGER TAIL TWISTER	5 00	0		
DUSTIN GRIM Vice President	5 00	0		
SANDRA J LANG Secretary	10 00	0		
DENNIS VAREC Director	5 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

INTERNATIONAL ASSOCIATION OF LIONS
DIST 14K EMMAUS LIONS CLUB

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

23-1619088

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 4	Class of Activity PROJECTS / PROGRAMS Donee's Name SCHOLARSHIPS Relationship of Donee None Cash Amount Given \$6700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$270

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	INTERNATIONAL DUES \$2588

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	CHARTER NIGHT \$848

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	STATE DUES \$816

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	ADMINISTRATIVE SUPPLIES \$698

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MISC ADMIN EXPENSES \$507

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	ZONE MEETINGS \$329

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	LADIES NIGHT \$193

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	FAMILY PICNIC \$179

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	MEMBER WELFARE \$176

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	DISTRICT DUES \$156

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	GUEST MEALS & PROGRAMS \$15