As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492234000149 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization INTERNATIONAL ASSOCIATION OF LIONS ☐ Address change DIST 14K EMMAUS LIONS CLUB 23-1619088 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 3570 HAMILTON BLVD SUITE 202 ☐ Final return/terminated (610) 439-5040 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption ALLENTOWN, PA 18103 ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶http://e-clubhouse.org/sites/emmaus_pa/ **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 **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) 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 \checkmark 1 4,982 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 7,761 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 14,511 7,607 Less direct expenses from gaming and fundraising events 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 . . . 38,495 b 25,479 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 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 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 6.775 17 17 Total expenses. Add lines 10 through 16 29,278 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,387 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 21,775 end-of-year figure reported on prior year's return) 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 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	е	
	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
h	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
	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		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	1		
а	Initiation fees and capital contributions included on line 9	o		
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	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
С	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 sections4912, 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	e organization's books are in care of ► ANDREW MEGNA JR Telephone no	► <u>(610)</u>	965-348	9
	Located at ► 503 E BERGER STREET EMMAUS , PA ZIP + 4 ■	18049)	
			Yes	No
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	163	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)			
С	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		▶ □	
			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		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
С	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
45>	explanation in Schedule 0	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			. 10
	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
	ne organization engage, directly or indired dates for public office? If "Yes," complet			of or in opposition to			
	<u> </u>	<u> </u>			46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organization	-	ons 47- 49b and 52	2, and complete the ta	ables for	lines 50	and
	51. Check if the organization used Schedu	ile O to respond to any q	uestion in this Part VI			1	_
		, ,				Yes	No
Dıd tl	ne organization engage in lobbying activ	rities or have a section 50	D1(h) election in effect	during the tax year?			
If "Ye	es," complete Schedule C, Part II				. 47		
Is the	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	. 48		
a Did th	ne organization make any transfers to a	n exempt non-charitable	related organization?		. 49a		
If "Ye	es," was the related organization a section	on 527 organization? .			. 49b		
	plete this table for the organization's five each received more than \$100,000 of co				es and ke	y employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits		stimated	
		hours per week devoted to position	compensation (Forms W-2/1099-	contributions to emplo benefit plans, and	´	ier compi	ensaud
			MISC)	deferred compensation	on		
NE							
f Tota	al number of other employees paid over	\$100,000		· · · · · •			
Comp	plete this table for the organization's five	e highest compensated in			re than \$1	00,000 o	 f
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five	e highest compensated ir is none, enter "None "		who each received mor	re than \$1		
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp	plete this table for the organization's five ensation from the organization If there	e highest compensated ir is none, enter "None "					
Comp comp	plete this table for the organization's five ensation from the organization If there	e highest compensated in is none, enter "None " each independent contr	actor	(b) Type of service			
Comp comp NE	plete this table for the organization's five ensation from the organization. If there (a) Name and business address of the contract of the contract of the organization complete Schedule A ²	e highest compensated in is none, enter "None " each independent contr cors each receiving over	\$100,000	(b) Type of service	(c) Comp	pensation	_
Comp comp NE	olete this table for the organization's five ensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr cors each receiving over	\$100,000	(b) Type of service	(c) Comp		_
Comp comp NE d Tota Dic cor	clete this table for the organization's five ensation from the organization. If there (a) Name and business address of the contract of the organization complete Schedule And	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service	(c) Comp	es	
Comp comp NE d Tota Diccorder pena	clete this table for the organization's five ensation from the organization. If there (a) Name and business address of the contract of the organization complete Schedule Armpleted Schedule Armpleted Schedule Armpleted Schedule Armpleted, it is true, correct, and complete and belief, it is true, correct, and completed schedule Armpleted, it is true, correct, and completed schedule Armpleted.	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service	(c) Comp	es	
Comp comp NE d Tota Dic cor der pena wledge a	collete this table for the organization's five ensation from the organization. If there (a) Name and business address of the organization of the organization complete Schedule A? The organization complete Schedule A the organization complete Schedule A the organization of the organization complete Schedule A the organization complete Schedule A the organization of the organization complete Schedule A the organization of t	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service st attach a nedules and statements, is based on all informat	(c) Comp	es	
Comp comp NE I Tota Dic cor er pena wledge a any kno	clete this table for the organization's five ensation from the organization. If there (a) Name and business address of the contract of the organization complete Schedule Armpleted Schedule Armpleted Schedule Armpleted Schedule Armpleted, it is true, correct, and complete and belief, it is true, correct, and completed schedule Armpleted, it is true, correct, and completed schedule Armpleted.	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service st attach a nedules and statements, is based on all informat	(c) Comp	es	
Comp comp NE Tota Dic cor er pena wledge a any kno	collete this table for the organization's five ensation from the organization. If there (a) Name and business address of the organization of the organization complete Schedule A? The organization complete Schedule A the organization complete Schedule A the organization of the organization complete Schedule A the organization complete Schedule A the organization of the organization complete Schedule A the organization of t	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service st attach a nedules and statements, is based on all informat	(c) Comp	es	
Comp comp NE I Tota Diccor er pena wledge a any kno	clete this table for the organization's five tensation from the organization. If there (a) Name and business address of the organization complete schedule A and the organization complete schedule A and belief, it is true, correct, and complete wild be and belief, it is true, correct, and complete schedule and belief, it is true, correct, and complete wild ge Signature of officer JOHN F BURIANEK JR President Type or print name and title Print/Type preparer's name	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	st attach a	(c) Comp	es	
Comp comp NE I Tota Diccor er pena wledge a any kno	al number of other independent contract the organization complete Schedule Armpleted Schedule A	e highest compensated in is none, enter "None " feach independent contr cors each receiving over NOTE. All section 501(a amined this return, included Declaration of prepa	\$100,000	(b) Type of service st attach a nedules and statements, is based on all informat 2019-08-22 Date Check if self-employed	(c) Comp	es \(\sum_{\text{N}} \)	
Compcomp NE d Tota Diccor der pena wledge a any kno	clete this table for the organization's five tensation from the organization. If there (a) Name and business address of the organization complete schedule A7 mpleted Schedule A	e highest compensated in is none, enter "None " feach independent contr cors each receiving over NOTE. All section 501(amined this return, include Declaration of preparetic Declaration of preparetic Scope	\$100,000	(b) Type of service st attach a nedules and statements, is based on all informat 2019-08-22 Date Check	(c) Comp • • • • • • • • • • • • • • • • • • •	es \(\sum_{\text{N}} \)	
Comp comp NE d Tota Dic cor der pena wledge a	al number of other independent contract if the organization of the organization of there (a) Name and business address of the organization complete schedule A? In the organization complete schedule A? In pleted Schedule A	e highest compensated in is none, enter "None " feach independent contr cors each receiving over NOTE. All section 501(a amined this return, include Declaration of prepa	\$100,000	(b) Type of service st attach a nedules and statements, is based on all informat 2019-08-22 Date Check if self-employed	(c) Comp • • • • • • • • • • • • • • • • • • •	es \(\sum_{\text{N}} \)	

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: 18007218

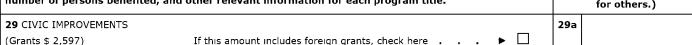
Software Version: 2018v3.1 **EIN:** 23-1619088

Name: INTERNATIONAL ASSOCIATION OF LIONS

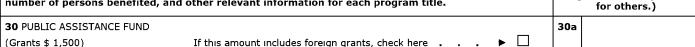
DIST 14K EMMAUS LIONS CLUB

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.		as measured by expenses. In a clear and concise manner, describe the services provided, the	
28 DISTRICT 14 PROJECTS		28a	
(Grants \$ 1,329)	If this amount includes foreign grants, check here $\ . \ . \ . \ lacksquare$		

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



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.

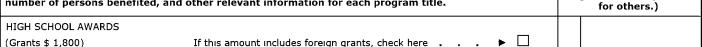


-	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

number of persons benefited, and other relevant information for each program title.		for others.)	
SCHOLORSHIPS - NURSING AND OT	HER		
(Grants \$ 6.700)	If this amount includes foreign grants, check here	▶ □	

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.)

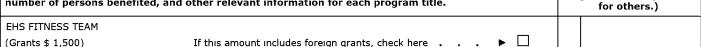


Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

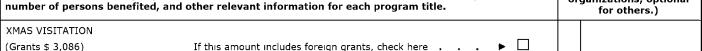
number of persons benefited,	, and other relevant information for each program title.		for others.)
EYEGLASSES AND EXAMS			
(Grants # 224)	If this amount includes foreign grants, shock here	▶ □	

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.

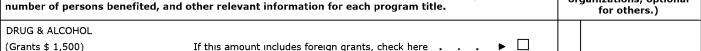
Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



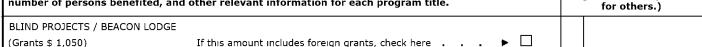
Describe the organization's program service accomplishments for each of its three largest program services, as measured by exponses. In a clear and concise manner, describe the services provided, the supposed program services are provided by the services provided, the supposed program information for each program title.



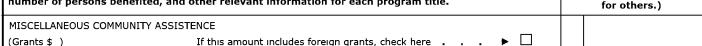
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the services provided, the services provided, the services provided, the services provided program is the services provided program is



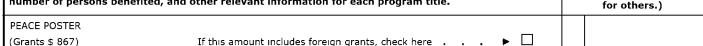
aamiiaaa laa waaannaad kuu ayonanaaa. To a alaay and aanaisa wannay daaayiba tha aamiisaa myayidad tha 🔠	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



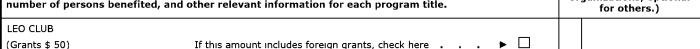
<u> </u>	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



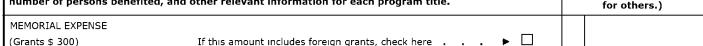
<u> </u>	
annicae na managurad ku ayrangan Tu a alany and annaisa manunay danayiba tha annicae myayidad tha 🕕	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others



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.



· · · · · · · · · · · · · · · · · · ·	
complete as maneurad by synancias. In a clear and conside manner, describe the complete provided, the	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



(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		

DENNIS VAREC Director

efile GRAPH	IIC print - DO NOT PROCESS As Filed Data -	DLN:	93492234000149	
SCHEDUL (Form 990 or EZ)	• 990- Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional in	ific questions on	2018	
Department of the 1	► Attach to Form 990 or 990-EZ. Freasury ► Go to <u>www.irs.gov/Form990</u> for the latest inf	ormation.	Open to Public Inspection	
DIST 14K EMMAUS	SSOCIATION OF LIONS	23-1619088	ification number	
Return Reference	Explanation	Explanation		
Grants and Similar Amounts Paid In Excess of \$5,000 4	Class of Activity PROJECTS / PROGRAMS Donee's Name SCHOLARSHIPS Given \$6700	S Relationship of Donee No	one Cash Amount	

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$270

Other Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference Other INTERNATIONAL DUES \$2588

990 Schedule O, Supplemental Information Return Explanation Reference Other **CHARTER NIGHT \$848**

990 Schedule O, Supplemental Information Return Explanation Reference STATE DUES \$816

Other Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other ADMINISTRATIVE SUPPLIES \$698 Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference Other MISC ADMIN EXPENSES \$507

990 Schedule O, Supplemental Information Return Explanation Reference

Other **ZONE MEETINGS \$329**

990 Schedule O, Supplemental Information Return Explanation Reference Other LADIES NIGHT \$193

990 Schedule O, Supplemental Information Return Explanation Reference FAMILY PICNIC \$179

Other Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference Other MEMBER WELFARE \$176 Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other DISTRICT DUES \$156
Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other GUEST MEALS & PROGRAMS \$15
Expenses 11