

Click on the question-mark icons to display help windows.
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

OMB No. 1545-0047

Form **990-EZ**

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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 instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, 2020, and ending _____, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C	Name of organization	?
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International Association of Lions Clubs, Morning Pride Lions Club

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

4616 Windslow Lane NW

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

Rochester, MN 55901-3221

D Employer identification number

411460873

E Telephone number

507-289-7207

F Group Exemption
Number ▶ **?**

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ►

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)) 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)
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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		
2	Program service revenue including government fees and contracts		
3	Membership dues and assessments		
4	Investment income		
5a	Gross amount from sale of assets other than inventory		
b	Less: cost or other basis and sales expenses		
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		
6	Gaming and fundraising events:		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
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)		
c	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)		
7a	Gross sales of inventory, less returns and allowances		
b	Less: cost of goods sold		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
10	Grants and similar amounts paid (list in Schedule O)		
11	Benefits paid to or for members		
12	Salaries, other compensation, and employee benefits []		
13	Professional fees and other payments to independent contractors []		
14	Occupancy, rent, utilities, and maintenance		
15	Printing, publications, postage, and shipping		
16	Other expenses (describe in Schedule O) []		
17	Total expenses. Add lines 10 through 16		
18	Excess or (deficit) for the year (subtract line 17 from line 9)		
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)		
20	Other changes in net assets or fund balances (explain in Schedule O)		
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2020)

SCANNED MAR 30 2022

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	58023	22 26885
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	-130	24 -223
25 Total assets	57893	25 26662
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57893	27 26662

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 ☒What is the organization's primary exempt purpose? Raise money for charitable donations

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 Doc's Recovery House		
Provides housing and peer support to those recovering from substance abuse		
(Grants \$ 6000) If this amount includes foreign grants, check here ☐	28a	6000
29 Community Food Response		
Provides free meals to people		
(Grants \$ 2300) If this amount includes foreign grants, check here ☐	29a	2500
30 Special Olympics		
A sports organization for people with intellectual disabilities		
(Grants \$ 2100) If this amount includes foreign grants, check here ☐	30a	2100
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	20655
32 Total program service expenses (add lines 28a through 31a)	32	31555

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
Patrick Keane, President		0	0	0
Steve Simonson, Secretary		0	0	0
Richard Jirsa, Treasurer		0	0	0
John Davis, Director		0	0	0
Robert Degnan, Director		0	0	0
Santo Russo, Director		0	0	0
James Bahler, Director		0	0	0
Beth Pritchard, Director		0	0	0
Nathaniel WarnerV		0	0	0
Paul Christiam, Director		0	0	0

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
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
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	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	✓
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	✓
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of Richard Jirsa Telephone no. (507)884-6125 Located at 714 9th Street SW, Rochester, MN ZIP + 4 55902-6316		
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

	Yes	No
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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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

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 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

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ 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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization

International Association of Lions Clubs, Morning Pride Lions

Employer identification number

411460873

Part I, line 10, list of grants: Channel One Regional Food Bank, \$2000; Eagles Cancer Telethon, \$1000; Elder Care Network, \$1000;

Join the Journey, \$500; Mayo Clinic Lupus/Rheumatology Research, \$500; PossAbilities, \$1000; Running Start, \$500;

Mobility Worldwide MN- TC, \$500; Hope Lodge, \$1000; Crisis Nursery, \$500; VOSH, \$1000; Leader Dog, \$1000;

Community Food Response, \$2500; Recovery Is Happening, \$1000; Can Do Canines, \$250; Gift of Life Transplant House, \$1000;

Project New Hope, \$100; Special Olympics, \$2100; Women's Shelter, Inc., \$500; Gamehaven Boy Scout Council, \$1000;

Ability Building Center, \$1000; Boys and Girls Club, \$500; MN Lions Childhood Cancer, \$250; Father Project, \$1000;

Bear Creek Services, \$500; Doc's Recovery House, \$6000; Rochester Flyers, \$500; Lions District 5M1 Peace Poster, \$325;

Lions MD5M Hearing Foundation, \$250; LCIF, \$1000; MN Lions Diabetes Association, \$250; MN Lions Vision Foundation, \$250;

5M1 Lions Emergency Relief, \$100; 5M1 Lions Youth Exchange, \$50; Student Eyeglasses, \$330

Part I, line 24, other expenses: The club maintains two sets of books. The first is for the "activity fund" which is money earned by our fund raising activities, and its expenses are charitable donations. The second set is for the "administration fund" which primarily money from meetings and its expenses are directly related to club operations. The "other expenses" claimed on line 16 were made against the administration fund. These include Lions International dues/fees, \$1170; Lions District 5M1 dues/fees, \$575; Guest meals, \$46; Special meeting expenses, \$1131; Gifts/awards, \$196.

Part II, line 24: The adjustment to our assets are member dues paid in advance. The funds are deposited in the administration fund's bank account and are held for members as a credit balance. Should a member leave the club, their credit balance is returned.

Part III, line 31: Our other grants account for this total. Please see the section of this schedule for part I, line 10 for a complete list.