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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Not for Profit/Public Good			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 EYESIGHT AND HEARING CONSERVATION, INCLUDING PAYMENTS FOR EYEGLASSES, EXAMS AND HEARING AIDS FOR MANY INDIVIDUALS (Grants \$ 9,677) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	9,677
29 VARIOUS PROJECTS FOR YOUTH, SENIORS AND SPECIAL NEEDS IN THE COMMUNITY, INCLUDING SCHOLARSHIPS (Grants \$ 12,700) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	12,700
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	22,377

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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 period 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	
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ WAYNE I ROICE Telephone no ▶ (360) 491-7277 PO BOX 416 Located at ▶ OLYMPIA, WA ZIP + 4 ▶ 985070416		
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	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
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		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	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.				
	Signature of officer *****		Date 2010-10-31		
Paid Preparer's Use Only	Preparer's signature FRAWN L WITT		Date 2010-11-06	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 VISTA ACCOUNTING SERVICES PO BOX 73 LITTLEROCK, WA 985560073				EIN ▶
					Phone no ▶ (360) 870-2939
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:
Software Version:
EIN: 91-6067324
Name: INTERNATIONAL ASSOCIATION OF LIONS CLUBS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TIM SMOLEN PO BOX 11655 OLYMPIA, WA 98508	President 5 00	0		
RAY CAKIR 1125 121TH AVE SE APT E303 OLYMPIA, WA 98501	Vice-President 5 00	0		
WAYNE ROICE 401 SAN MAR DRIVE OLYMPIA, WA 98506	Treasurer 4 00	0		
BILL LYNCH 8845 ADAMS LANE NW OLYMPIA, WA 98502	Board Member 1 00	0		
CARL L CORBIN 6457 HOADLY STREET OLYMPIA, WA 98501	Board Member 1 00	0		
LYNDA LOVELY-WRIGHT 4644 JOHN LUHR BEACH RD NE OLYMPIA, WA 98516	Board Member 1 00	0		
TOM GLOVER 3524 ASHLEY DRIVE NE OLYMPIA, WA 98506	Board Member 1 00	0		
ELSIE I HIGGINS 1325 FARWELL NW OLYMPIA, WA 98502	Board 1 00	0		
CAROL D RUSSELL 6535 GLENWOOD DRIVE SW TUMWATER, WA 98512	Board Member 1 00	0		
ART WEATHERLY 3029 SLEATER KINNEY NE OLYMPIA, WA 98506	Secretary 5 00	0		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION OF LIONS CLUBS

Employer identification number
91-6067324

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Apple Sales			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	68,596			68,596
Direct Expenses	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	68,596			68,596
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	37,892			37,892
	10	Direct expense summary Add lines 4 through 9 in column (d)				37,892
	11	Net income summary Combine lines 3, column d, and line 10.				30,704

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** INTERNATIONAL ASSOCIATION OF LIONS CLUBS**EIN:** 91-6067324

Item No.	1
Class of Activity	SIGHT
Donee's Name	SIGHTLIFE
Donee's Address	221 YALE AVENUE N SUITE 450 SEATTLE, WA 981095490
Amount (FMV)	358
Purpose of Payment to Affiliate	Contribution for Eyebank
Relationship	AFFILIATE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	ASSISTING IMPOVERISHED
Donee's Name	CARE
Donee's Address	151 ELLIS ST NE ATLANTA, GA 303032440
Amount (FMV)	200
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SIGHT
Donee's Name	LIONS CLUB INTERNATIONAL FOUNDATION
Donee's Address	300 WEST 22ND STREET OAK BROOK, IL 605238842
Amount (FMV)	2,500
Purpose of Payment to Affiliate	Donation
Relationship	AFFILIATE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SIGHT
Donee's Name	NORTHWEST LIONS FOUNDATION FOR SIGHT
Donee's Address	221 YALE AVENUE N SEATTLE, WA 981095490
Amount (FMV)	6,819
Purpose of Payment to Affiliate	Donation to Foundation to restore sight
Relationship	AFFILIATE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	YOUTH
Donee's Name	CAMP LEO
Donee's Address	370W PANHANDLE LAKE ROAD SHELTON, WA 98584
Amount (FMV)	3,000
Purpose of Payment to Affiliate	Donation to Camp for Diabetic Youth
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	SCHOLARSHIP
Donee's Name	UNIVERSITY OF WASHINGTON
Donee's Address	120 MARY GATES HALL BOX 352803 UNIVERSITY OF WASHINGT, WA 981952803
Amount (FMV)	4,000
Purpose of Payment to Affiliate	Scholarship
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	YOUTH
Donee's Name	MADISON ELEMENTARY
Donee's Address	1225 LEGION WAY SE OLYMPIA, WA 985011654
Amount (FMV)	500
Purpose of Payment to Affiliate	Education
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	ASSIST DISABLED
Donee's Name	MORNINGSIDE
Donee's Address	PO BOX 7936 OLYMPIA, WA 98504
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	ASSIST DOMESTIC VIOLENCE SURVIVORS
Donee's Name	SAFEPLACE
Donee's Address	314 LEGION WAY SE OLYMPIA, WA 98501
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	SENIOR CITIZEN ASSISTANCE
Donee's Name	SENIOR SERVICES OF SOUTH SOUND
Donee's Address	222 COLUMBIA STREET NW OLYMPIA, WA 98501
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	ASSIST HUNGRY
Donee's Name	THURSTON COUNTY FOODBANK
Donee's Address	220 THURSTON STREET NE OLYMPIA, WA 98501
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	ASSIST HOMELESS
Donee's Name	HOMELESS BACKPACKS
Donee's Address	PO BOX 5505 LACEY, WA 98509
Amount (FMV)	500
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	ASSIST SENIORS
Donee's Name	ENTERTAINMENT EXPLOSION
Donee's Address	PO BOX 4086 TUMWATER, WA 98501
Amount (FMV)	500
Purpose of Payment to Affiliate	Donation
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** INTERNATIONAL ASSOCIATION OF LIONS CLUBS**EIN:** 91-6067324

Description	Amount
Lunch	4,653
Dues International	3,742
Banquets	9,776
Club Supplies	869
Training	63
Supplies for Vision	12,294
Supplies for Vision Clinic, community dinner, craft project Camp Leo	219