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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

**A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012**

|   |                |
|---|----------------|
| <b>D Employer identification number</b> | 72-6023264     |
| <b>E Telephone number</b>               | (318) 442-8781 |
| <b>F Group Exemption Number</b>         |                |

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 85,481**

**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 ☒

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

## Part II Balance Sheets

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

(See the instructions for Part II )

| (See the instructions for Part II ) |   |   |   |   |   |   |   |   |   | (A) Beginning of year | (B) End of year |        |
|-------------------------------------|---|---|---|---|---|---|---|---|---|-----------------------|-----------------|--------|
| <b>22</b>                           | Cash, savings, and investments  | . | . | . | . | . | . | . | . | 38,837                | <b>22</b>       | 38,166 |
| <b>23</b>                           | Land and buildings  | . | . | . | . | . | . | . | . |                       | <b>23</b>       |        |
| <b>24</b>                           | Other assets (describe in Schedule O)   | . | . | . | . | . | . | . | . |                       | <b>24</b>       |        |
| <b>25</b>                           | <b>Total assets</b>   | . | . | . | . | . | . | . | . | 38,837                | <b>25</b>       | 38,166 |
| <b>26</b>                           | <b>Total liabilities</b> (describe in Schedule O)   | . | . | . | . | . | . | . | . | 0                     | <b>26</b>       | 0      |
| <b>27</b>                           | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | . |   |   |   |   |   |   |   | 38,837                | <b>27</b>       | 38,166 |

### Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this 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?

TO PERFORM VARIOUS COMMUNITY AND STATE LIONS SERVICE PROJECTS

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.

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here . . . 

**28a**

29

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐ ☐

**29a**

30

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

**30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . .  

### 31a

**32 Total program service expenses** (add lines 28a through 31a) . . . . .

32

0

**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 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 |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V

Other Information (Note the 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 |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 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 <b>Form 990-T</b> 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 | 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 <input type="checkbox"/> 37a 0   |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   | 37b |    |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 |    |
| 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____  |     |    |
| 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 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) 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 . . . . . 0   |     |    |
| d   | Section 501(c)(3) and 501(c)(4) 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 . . . . .  | 40e | No |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/> _____  |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> (318) 442-8781<br>PO BOX 13<br>Located at <input type="checkbox"/> ALEXANDRIA, LA ZIP + 4 <input type="checkbox"/> 71309  |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____  | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —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? 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 |    |
| 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 |    |

|    |  |     |    |
|----|--|-----|----|
|    |  | 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 |     | 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 47-49b and 52.

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 |     |    |
| 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 |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| 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 |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| d Total number of other independent contractors each receiving over \$100,000   |                     |                  |

|    |  |  |
|----|--|--|
| 52 | Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A | <input type="checkbox"/> Yes <input type="checkbox"/> 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                | *****<br>Signature of officer  | 2012-11-12<br>Date |   |  |
|                          | JAMES N BALLARD SECRETARY-TREASURER<br>Type or print name and title  |                    |   |  |
| Paid Preparer's Use Only | Preparer's signature   | Date               | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4  | EIN                |   | Phone no   |
|                          | May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |   |  |

Additional Data

Software ID:  
Software Version:  
EIN: 72-6023264  
Name: INTERNATIONAL ASSOCIATION OF LIONS -  
ALEXANDRIA

Form 990-EZ, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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

| 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.  | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |   |
|--|--|---|
| <b>28</b> SUPPORT CONTRIBUTIONS TO THE LOUISIANA LIONS LEAGUE FOR CRIPPLE CHILDREN (LLLCC) LLLCC PROVIDES FREE CAMPING TO OVER 550 MENTALLY AND PHYSICALLY CHALLENGED YOUTH ANNUALLY<br>(Grants \$ 14,575) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | <b>28a</b>   | 0 |
| <b>29</b> SUPPORT CONTRIBUTIONS TO THE LOUISIANA LIONS EYE FOUNDATION (LLEF) LLEF PROVIDES FREE OR REDUCED COST VISION CARE TO LOW INCOME YOUTH AND ADULTS<br>(Grants \$ 10,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                           | <b>29a</b>   | 0 |
| <b>30</b> LIONS CLUB INTERNATIONAL FOUNDATION - PROVIDES SUPPORT TO LIONS CLUB SERVICE PROJECTS AT THE STATE, NATIONAL, AND INTERNATIONAL LEVEL<br>(Grants \$ 2,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                       | <b>30a</b>   | 0 |
| VARIOUS LOCAL SERVICE PROJECTS - PROVIDES SUPPORT FOR VISION AND YOUTH PROJECTS<br>(Grants \$ 6,299) If this amount includes foreign grants, check here . . . <input type="checkbox"/>   |  | 0 |

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

| <b>(A) Name and address</b>                            | <b>(B) Title and average hours per week devoted to position</b> | <b>(C) Compensation (If not paid, enter -0-.)</b> | <b>(D) Contributions to employee benefit plans &amp; deferred compensation</b> | <b>(E) Expense account and other allowances</b> |
|--|---|---|--|---|
| DARRYL ANDREWS<br>PO BOX 13<br>ALEXANDRIA, LA 71309    | PRESIDENT 4 00  | 0   | 0  | 0   |
| STACY AUZENNE<br>PO BOX 13<br>ALEXANDRIA, LA 71309     | FIRST VICE<br>PRESIDENT 2 00                                    | 0   | 0  | 0   |
| JACOB BRYAN<br>PO BOX 13<br>ALEXANDRIA, LA 71309       | SECOND VICE<br>PRESIDENT 2 00                                   | 0   | 0  | 0   |
| BILL BUSH<br>PO BOX 13<br>ALEXANDRIA, LA 71309         | THIRD VICE<br>PRESIDENT 2 00                                    | 0   | 0  | 0   |
| DAVE PERRY<br>PO BOX 13<br>ALEXANDRIA, LA 71309        | TAIL TWISTER 2 00   | 0   | 0  | 0   |
| MICHAEL KEARNEY<br>PO BOX 13<br>ALEXANDRIA, LA 71309   | LION TAMER 2 00   | 0   | 0  | 0   |
| JAMES BALLARD<br>PO BOX 13<br>ALEXANDRIA, LA 71309     | SECRETARY-<br>TREASURER 20 00                                   | 0   | 0  | 0   |
| GLEN ARMAND<br>PO BOX 13<br>ALEXANDRIA, LA 71309       | DIRECTOR 2 00   | 0   | 0  | 0   |
| SUSAN BALLARD<br>PO BOX 13<br>ALEXANDRIA, LA 71309     | DIRECTOR 2 00   | 0   | 0  | 0   |
| JOE DANIELS<br>PO BOX 13<br>ALEXANDRIA, LA 71309       | DIRECTOR 2 00   | 0   | 0  | 0   |
| KERMIT PHARRIS JR<br>PO BOX 13<br>ALEXANDRIA, LA 71309 | DIRECTOR 2 00   | 0   | 0  | 0   |
| JIM WATERS<br>PO BOX 13<br>ALEXANDRIA, LA 71309        | DIRECTOR 2 00   | 0   | 0  | 0   |





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.

|                 |    | (a) Event #1   | (b) Event #2                      | (c) Other Events           | (d) Total Events              |
|-----------------|----|--|-----------------------------------|----------------------------|-------------------------------|
|                 |    | <u>FUNRASING RAFFLE</u><br>(event type)                                | <u>PONSETTIAS</u><br>(event type) | <u>2</u><br>(total number) | (Add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .   | 40,097                            | 2,420                      | 42,517                        |
|                 | 2  | Less Charitable contributions . . . .                                  |                                   |                            |                               |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                             | 40,097                            | 2,420                      | 42,517                        |
| Direct Expenses | 4  | Cash prizes . . . .  | 15,000                            |                            | 15,000                        |
|                 | 5  | Non-cash prizes . . . .  |                                   |                            |                               |
|                 | 6  | Rent/facility costs . . . .  |                                   |                            |                               |
|                 | 7  | Food and beverages . . . .   |                                   |                            |                               |
|                 | 8  | Entertainment . . . .  |                                   |                            |                               |
|                 | 9  | Other direct expenses . . . .  | 1,080                             | 1,375                      | 2,455                         |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                                   |                            | ( 17,455 )                    |
|                 | 11 | Net income summary Combine lines 3 and 10 in column (d). . . . . ▶     |                                   |                            | 25,062                        |

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.

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

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

|   |                             |     |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility         | 13b |

- 14
- Provide 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?

☐ Yes ☐ No
- 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

☐ Director/officer

☐ Employee

☐ 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?

☐ Yes ☐ No
- 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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
INTERNATIONAL ASSOCIATION OF LIONS - ALEXANDRIA**Employer identification number**

72-6023264

| Identifier                      | Return Reference             | Explanation  |
|---------------------------------|------------------------------|--|
| OTHER INVESTMENT INCOME         | FORM 990-EZ, PART I, LINE 4  | INTEREST INCOME 23   |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION FREE CAMPING FOR MENTALLY AND PHYSICALLY CHALLENGED CHILDREN GRANTEE NAME LOUISIANA LIONS LEAGUE FOR CRIPPLE CHILDREN GRANTEE ADDRESS 292 L BEAUFORD DR ANACOCO, LA 71403 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 14,575  |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION FREE VISION SERVICES TO LOW INCOME ADULTS AND CHILDREN GRANTEE NAME LOUISIANA LIONS EYE FOUNDATION GRANTEE ADDRESS 2020 GRAVIER STREET, SUITE B NEW ORLEANS, LA 70112 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 10,000  |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION NATIONAL AND INTERNATIONAL LIONS PROJECTS GRANTEE NAME LIONS CLUB INTERNATIONAL FOUNDATION GRANTEE ADDRESS 300 WEST 22ND STREET OAK BROOK, IL 60523 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,000   |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION VARIONS LOCAL PROJECTS - VISION AND YOUTH RELATED GRANTEE NAME VARIOUS LOCAL PROJECTS PROPERTY DESCRIPTION CASH AMOUNT GIVEN 6,299 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 32,874   |
| OTHER EXPENSES                  | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION MEALS AT CLUB MEETINGS AMOUNT 18,589 DESCRIPTION INTERNATIONAL, STATE AND DISTRICT DUES AMOUNT 4,602 DESCRIPTION MEETINGS AMOUNT 4,614 DESCRIPTION CONVENTIONS, SEMINARS, AND TRAINING AMOUNT 2,648 DESCRIPTION AWARDS AMOUNT 1,735 DESCRIPTION SUPPLIES AMOUNT 780 DESCRIPTION SURETY BOND AMOUNT 68 DESCRIPTION OFFICE SUPPLIES AND EXPENSES AMOUNT 660 DESCRIPTION UNREALIZED LOSS ON INVESTMENTS AMOUNT 627 TOTAL TO FORM 990-EZ, LINE 16 34,323 |

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** INTERNATIONAL ASSOCIATION OF LIONS - ALEXANDRIA

**EIN:** 72-6023264

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.