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990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	or the	2012 calend	ar year, or tax year beginning	07-01	, 2012, and end	ing	06-30 ,	20 13	
B (Check if a	pplicable	C Name of organization INTERNATIONAL	ASSOCIATION OF LION	IS 41290 PA	NTEGO	D Emplo	oyer identification no.	
	Address c	hange	Doing Business As				75-2143610		
\equiv	Name cha	-	Number and street (or P O box if mail is not deliv	ered to street address)	F	Room/suite	E Telepi	hone number	
\equiv	nitial retu	-	3535 MARATHON ST	·					
$\overline{}$	Terminate		City, town or post office, state, and ZIP code					766,478	
=	Amended		ARLINGTON, TX 76013-4630				G Gross	receipts \$	
\equiv			F Name and address of principal officer	<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· u	тррисацо	n pending	Haire and address of principal direct			H(a) Is this a grou affiliates?	p return for	Yes 🗓 No	
			501(c)(3)	4947(a)(1) or 527		7			
	Tax-exem		501(c)(3)	4947(a)(1) or 527		If "No," attack	es included? h a list (see in:	structions)	
	Nebsite:				r of formation 19		legal domicile	TX	
	rt I	rganization X Summar		: L rea	ir or lormation 12.	JO IM State of	regai domicie		
Га	1		be the organization's mission or most sig	nificant activities: CHARTE	Y AND PUBLI	C SERVICE			
	'	brieny descr	be the organization's mission or most sig	charin	AND FUBBI	C BERVICE			
9				· · · · · · · · · · · · · · · · · · ·					
Activities & Governance									
Ver	,	Chack this h	ox 🕨 🗌 if the organization discontinued i	te aperations or disposed of mo	ore than 25% of i	ite net assets			
Ô	2		oting members of the governing body (Pa	•		1	3	15	
త	3		dependent voting members of the govern	•		—	4	15	
ties	4		•				5		
ξ	5		of individuals employed in calendar year				6		
Ąc	6		of volunteers (estimate if necessary)				7a		
	1		ed business revenue from Part VIII, colum						
	Ь В	Net unrelate	business taxable income from Form 990)-T, line 34	· · · · · · · · ·		7b	<u> </u>	
		0				Prior Year	126	Current Year 3,727	
ø	8		and grants (Part VIII, line 1h)		/FD :: H	4,	126	3,727	
2	9		vice revenue (Part VIII, line 2g)		7;}				
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, a	nd /d)		20	206	<u>~</u>	
~	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and the	2013 19		226	35,822	
	12		e - add lines 8 through 11 (must equal Pa			34,		39,549	
	13		imilar amounts paid (Part IX, column (A),			16,	536	37,500	
	14	-	to or for members (Part IX, column (A), I		- 1		-		
S	15		er compensation, employee benefits (Par					0	
Expenses			fundraising fees (Part IX, column (A), line				· • • · · · · · · · · · · · · · · · · ·	0	
ğ	b		sing expenses (Part IX, column (D), line 2	· ————					
ш	17	•	ses (Part IX, column (A), lines 11a-11d, 1				457	3,910	
	18	· ·	es. Add lines 13-17 (must equal Part IX,		r—	19,		41,410	
	19	Revenue les	s expenses. Subtract line 18 from line 12				359	(1,861)	
Eund Blances					Be	eginning of Current Y		End of Year	
Blar	20		(Part X, line 16)		• • • • •	24,	782	22,921	
Fund Blances	21		•						
			r fund balances. Subtract line 21 from lin	e 20	<u> </u>	24,	782	22,921	
	rt II		re Block		to the best of my ke	outoday and hallof it	-		
Tunge	r penaltie correct, a	s or perjury, i dec nd complete Dec	are that I have examined this return, including accom aration of preparer (other than officer) is based on all	information of which preparer has any k	nqMedge	owieuge and belief, it	" 1 .		
ħ				N . 4 0			1, 7	12	
			IN KOST	LOO WING	.W		11-4	 2 	
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	pare		s royce minatra c			Firm's EIN			
Us	e Onl	y Firm's addres	<u> </u>	-		Phone no		0.4.0	
		_1	Arlington TX 7601				7-861-1		
May	the IR	S discuss this	return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	<u> </u>	X Yes No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Form	990 (2012) INTERNATIONAL ASSOCIATION OF LIONS 41290 PANTEGO	75-2143610	Page 2
Par	rt III Statement of Program Service Accomplishments	•	
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	🔲
1	Briefly-describe the organization's mission:		
	CHARITY AND PUBLIC SERVICE		
		·	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	TYes	No
	If "Yes," describe these new services on Schedule O.		
2	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services? services?	□ voc 〔	¬ No
		🗀 165 [
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	\$3	<u>,727</u>)
	LOCAL CHARITIES AND PUBLIC SCHOOL PROGRAMS		
		· · · · · · · · · · · · · · · · · · ·	
41-	(Code) (Expenses \$ including grants of \$) (Revenue	\$	····
4b	(Code) (Expenses \$ including grants of \$) (Revenue	Ψ	— <i>'</i>
			· -
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	/ (2500)	·	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 41,410		

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b

75-2143610

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Х on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Х controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 38

75-2143610 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and Х 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3а Х 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 4a Х b. If "Yes." enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as chantable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c d X 76 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ٩ Sponsoring organizations maintaining donor advised funds. 9a Did the organization make a distribution to a donor, donor advisor, or related person? ь 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C X 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) INTERNATIONAL ASSOCIATION OF LIONS 41290 PANTEGO Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Another's website ☐ Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

3535 MARATHON ST ARLINGTON, TX 76013-4630

organization: ► CALVIN KOST (817)274-4109

990 (2012)	INTERNATIONAL	ASSOCIATION OF	LIONS 41290	PANTEGO	75
000 (20.2)					

-2143610 Form Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

	•	
•	Check if Schedule O contains a response to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(0				(D)	(E)	(F)
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	hours for					both an		the	organizations	compensation
	related organizations	officer	and	a dire	ctor/t	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
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DIRECTOR		X		<u> </u>	<u> </u>		<u> </u>			0
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(6) CONSUELLA THOMPSON		 						_		
DIRECTOR	<u> </u>	X	_		<u> </u>		-	ļ		0
(7) CALVIN KOST				٦,						
TREASURER	15.00	<u> </u>		X		ļ	<u> </u>	9	<u>'</u>	0
(8) DAVID BAILEY				١,,						
PRESIDENT	<u> </u>	├	-	Х	_		⊢) 	0
(9) JOHN HERMENS				\ _v	İ					
SKY PILOT				X		-	├		<u>'</u>	0
(10)NANCY TICE				x					j	0
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(11)PAT RICHARDSON				x		-			,	0
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(12)PATTIE HARDIN				x						0
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(13)SHIRLEY HART				x	I					o
SECRETARY (14)	 	\vdash	\vdash	├^	 		\vdash		,	
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	Section A. Officers, Directors, Truste										F
	(A)	(B)				ition			(D)	(E)	(F)
	Name and title	Average hours per			eck m	ore ti	an one		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any hours for					both an istee)		from the	related organizations	other compensation
		related	I t d	11	o	к	Нсе	F	organization	(W-2/1099-MISC)	from the
		organizations below dotted	nrı dur jse	S u	l f	e y	i om gmp hp i	o r E	(W-2/1099-MISC)		organization and related
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25)											
			.]				ļ	L.			
1b	Sub-total			• •	٠.	• •		•			
C	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)			• •	• •	• •		•	(0	
	Total (add lines in allo 10)								<u> </u>	<u>'</u>	
d 					who		eived r	nore	than \$100,000 of		
2	Total number of individuals (including but not lim reportable compensation from the organization	ited to those list			who		eived r	nore	than \$100,000 of	0	
2	Total number of individuals (including but not liming reportable compensation from the organization	ited to those list	ted abo	ove)		rec				0	Yes
	Total number of individuals (including but not lirr reportable compensation from the organization Did the organization list any former officer, direct	ited to those list	ted abo	ove) nploy	/ee,	rec or h	ghest	com	pensated	0	
3	Total number of individuals (including but not lirr reportable compensation from the organization Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu	ted to those list ctor, or trustee, lule J for such inc	ted abo key em dividua	ove) nploy	/ee,	or h	ghest	com	pensated		Yes 3
2	Total number of individuals (including but not lime reportable compensation from the organization) Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Scheduster any individual listed on line 1a, is the sum of	ctor, or trustee, late J for such inc	key em dividua pensa	nploy	ee,	or h	ghest	com	pensated		
3	Total number of individuals (including but not lirr reportable compensation from the organization Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I	key em dividua pensa f "Yes,	nploy	ee,	or h	ghest	com	pensated		
3	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I	key em dividua pensa f "Yes, 	nploy ton: " co:	ee, and mple	or hothe	ghest r complechedu d orga	components	pensated		3 4
3 4 5	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I	key em dividua pensa f "Yes, 	nploy ton: " co:	ee, and mple	or hothe	ghest r complechedu d orga	components	pensated		3
3 4 5 Section	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I	key em dividua pensa f "Yes, n from	nploy I tion: con any	/ee, and mple unre	or h othe	ghest r completedu d orga	components	pensated ation from the for such ion or individual		3 4
3 4	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated ation from the for such ion or individual		3 4
3 4 5	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated ation from the for such ion or individual		3 4
3 4 5	Total number of individuals (including but not liming reportable compensation from the organization). Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Scheduler organization and related organizations greater the individual indi	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated	00 of zation's tax	3 4
3 4 5 Section	Total number of individuals (including but not liming reportable compensation from the organization). Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated ation from the for such ion or individual more than \$100,00	00 of zation's tax	3 4 5
3 4 5 Section	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated	00 of zation's tax	3 4 5 (C)
3 4 5 Section	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated	00 of zation's tax	3 4 5 (C)
3 4 5 Section	Total number of individuals (including but not liming reportable compensation from the organization) Did the organization list any former officer, directly displayed on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ctor, or trustee, lule J for such inc f reportable comman \$150,000? I 	key em dividua ipensa f "Yes, n from thedule	nploy I " con any other	ee, and mple unre	or h other	ghest er complichedu d orga	components	pensated	00 of zation's tax	3 4 5 (C)

INTERNATIONAL ASSOCIATION OF LIONS 41290 PANTEGO 75-2143610 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Related or exempt Revenue excluded from tax Unrelated Total revenue business function revenue under sections 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1b 2,590 Fundraising events 1c 1d d Related organizations 1e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above 1f 1,137 g Noncash contributions included in lines 1a-1f: \$ 3,727 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶ (II) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$_ of contributions reported on line 1c) See Part IV, line 18 a **b** Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. 762,751 726,929 b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 35,822 35,822 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue **Business Code**

39,549

35,822

11a b

Total revenue. See instructions

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to any quest			(C)	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	27 500	37 500		
•	organizations in the United States. See Part IV, line 21 .	37,500	37,500		······
2	Grants and other assistance to individuals in				
3	the United States. See Part IV, line 22				
3					
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		—		
11	Fees for services (non-employees):				····
	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting	350	350		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	***			
13	Office expenses	377	377		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ASSESSMENTS DUES	1,982	1,982		
b	DISTRICT PROJECTS	300	300		
С	MEMORIALS	225_	225		
đ	SUPPLIES	676	676		
9	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	41,410	41,410	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			[
	•		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,693	1	2,511
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	(80)	4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
ဖ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			77771111 117111 1 7711 11
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22,169	15	20,410
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,782	16	22,921
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21	10-111111111111111111111111111111111111
ies	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	, 0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
ces		complete lines 27 through 29, and lines 33 and 34.			
Jan	27	Unrestricted net assets	24,782	27	22,921
Ba	28	Temporarily restricted net assets		28	
P .	29	Permanently restricted net assets		29	
FF		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ts o		complete lines 30 through 34.		_	
sse	30	Capital stock or trust principal, or current funds		30	
Net Assets of Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Z	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	24,782	33	22,921
	34	Total liabilities and net assets/fund balances	24,782	34	22,921

		75-2143	510	Pa	ige 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		<u>.</u> .	. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		39,5	49_
2.	Total expenses (must equal Part IX, column (A), line 25)	. 2		41,4	10
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(1,8	61)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		24,7	82
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Pnor period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		22,9	21
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	1 990 (2	2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service

75-2143610 INTERNATIONAL ASSOCIATION OF LIONS 41290 PANTEGO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) 2 Aggregate grants from (dunng year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part VI Land, Buildings, and Equipment	. See Form 990, P	art X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	-			-

Schedule D (Form 990) 2012

Part VII	Investments - Other Securiti	es. See Form 990, Part X, line 1	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)	·····			
(C)				
(D) (E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12)	ed. See Form 990, Part X, line	12	
Fart VIII	```			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990,			
(4) 202	TATE ORDER	(a) Description	(b) Book valu	ue 20,41
(2)	UNIT TRUST			,0,41
(3)				
(4)				
(5)				
(6)				
(7)	_			
(8)				
_(9)				
(10)				
Part X	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. See Form 990			20,41
1.	(a) Description of liability	(b) Book value		
	Il income taxes			
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·		-	
(4)			4	
(5)				
<u>(6)</u> <u>(7)</u>			4	
(8)		-	1	
1- /			-[
			- †	
(9)				
(9) (10) (11)	(b) must equal Form 990, Part X, col (B) line 25)	>		

	5-2143610 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a. Net unrealized gains on investments	
b Donated services and use of facilities	
c Recovenes of prior year grants	
d Other (Describe in Part XIII.)	1
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
I I	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	2h
Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	ла
information.	
EEA	Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Internal Revenue Service

Open to Public Inspection

vame of the organization					Employer	idendification number				
INTERNATIONAL ASSOCIATION OF	F LIONS 4129	O PANTE	GO		75-2	2143610				
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. Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
				ities. Check all that an	nnly					
a Mail solicitations	ea lanas allough			of non-government gra						
=				of government grants	11113					
b Internet and email solicitations										
c Phone solicitations		g∟	Special fund	Iraising events						
d In-person solicitations										
2a Did the organization have a written or						_				
or key employees listed in Form 990,	Part VII) or entity	ın connectio	n with profes	ssional fundraising ser	vices?	Yes ∐ No				
b If "Yes," list the ten highest paid indivi-	iduals or entities (fundraisers)	pursuant to a	agreements under whi	ich the fundraiser is t	o be				
compensated at least \$5,000 by the o	organization.									
(I) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of utions?	(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	-						
1		103								
2				**						
3										
4						-				
5		-			· · · · · ·					
6				<u>.</u>	 					
7										
8										
9										
10										
	<u> </u>				<u> </u>					
Total					fod it is average from	_				
3 List all states in which the organization registration or licensing	i is registered or ii	censed to so	DIICIT CONTINDU	luons or has been nou	nea it is exempt from					
		•			-					
					<u> </u>	······				
	_			 .	 _					
	_									
			-							

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . 2 Less: Contributions 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) 762,751 762,751 Gross revenue Cash prizes 592,345 592,345 Direct Expenses Noncash prizes 62,400 62,400 Rent/facility costs 72,184 72,184 Other direct expenses Yes Yes Yes X No Volunteer labor 6 Direct expense summary. Add lines 2 through 5 in column (d) 726,929) 35,822 Net gaming income summary Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: ТX a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sched	THE G (FORM 990 0 990-E2) 2012 INTERNATIONAL ASSOCIATION OF LITTURG FAMILIES 75		,010		rage 3
11	Does the organization operate gaming activities with nonmembers?		. X	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?		. X	Yes [☐ No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility				%
b	An outside facility	13b	l		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name ▶ JOHN HERMENS				
	Address ▶ 3535 MARATHON ST ARLINGTON, TX 76013				
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 \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	amount of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name▶ 303 UNIT TRUST				
	Address ▶ P O BOX 101629 FORT WORTH, TX 76185				
16	Gaming manager information:				
	Name▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		. X	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
	spent in the organization's own exempt activities during the tax year > \$				
Pa	It IV Supplemental Information. Complete this part to provide the explanations required b	y Par	t I, li	ne 2b	,
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co	mple	te thi	S	
	part to provide any additional information (see instructions).				
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Schedule G (Form 990 or 990-EZ) 2012

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Open to Public

Inspection

2

X Yes

OMB No 1545-0047 2012

Employer identification number 75-2143610 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Part i General Information on Grants and Assistance INTERNATIONAL ASSOCIATION OF LIONS 41290 Department of the Treasury Name of the organization Internal Revenue Service

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

the selection criteria used to award the grants or assistance?

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	scipient that receive	ed more than \$5,00	00. Part II can be	duplicated if addition	nal space is needed	J.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PANTEGO LIONS FOUNDATION 3535 MARATHON 76013							CHARITY
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
1	nd government organiza	tions listed in the line 1	table				
3 Enter total number of other organizations listed in the line 1 table	listed in the line 1 table						

Schedule I (Form 990) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012) Page 2 (f) Description of non-cash assistance 990) (2012) INTERNATIONAL ASSOCIATION OF LIONS 41290 PANTEGO
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients 1. Monitoring procedures (Part I, (a) Type of grant or assistance INTERNATIONAL LIONS information. Schedule I (Form 990) (2012) Part IV Part III

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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.

OMB No 1545-0047

Open to Public Inspection

Name o	f the organizat	on							_		Employer I	dentification number
INTE	RNATION	AL AS	SOCIATIO	N OF LIO	NS 4129	0 PANTE	GO				75-2143	3610
			goveri					VI,	line	11)		
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02.	Gove	rnin	g docur	ments,	etc,	avail	able	to pu	blic	(Part	VI, li	ne 19)
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