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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

		the Treasury	Information about Form 990 and its instructions is at www.irs.g	-	Inspection
A			endar year, or tax year beginning 7/1/2015 , and end		
В	Check if	applicable	C Name of organization INTERNATIONAL ASSOC. OF LIONS CLUBS	D Employer iden	tification number
	Address	change	Doing business as LUBBOCK LIONS CLUB		
\Box	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	75-6050596	
\equiv			4 BRIERCROFT OFFICE PARK	E Telephone num	per
	initial reti	um	City or town State ZIP code LUBBOCK TX 79412	806-763-4789	
Ш	Final return	n/terminated	Foreign country name Foreign province/state/county Foreign postal co	ode	
	Amended	d return	, , , , , , , , , , , , , , , , , , , ,	G Gross receipts	345,503
$\overline{\Box}$	Annlıcatı	on pending	F Name and address of principal officer	(a) is this a group return for sub	ordinates? Yes X No
	гфриоси	on ponding		I(b) Are all subordinates incl	= =
		npt status	501(c)(3) X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list (se	
		<u> </u>		•	
				(c) Group exemption number	
		rganization		of formation 1929 N	State of legal domicile TX
	art		mmary		
0	1			a service organization	n that provides
Governance	ļ		primarily local charities who use our funds to meet the needs of people. Our	riocus	
Ē	1		g people with eyesight needs and meeting the needs of disabled people.		
Š	2		nis box I if the organization discontinued its operations or disposed of	1 -	1
প্র	3		of voting members of the governing body (Part VI, line 1a)	3	20
8	5		of independent voting members of the governing body (Part VI, line 1b) mber of individuals employed in calendar year 2015 (Part V, line 2a)		20
Activities &	6		mber of volunteers (estimate if necessary)	<u> </u>	1,000
달	7a		related business revenue from Part VIII, column (C), line 12		1,000
	Ι ′й		elated business taxable income from Form 990-T, line 34		0
_	 	1101 4111	national distribution and the state of the s	Prior Year	Current Year
a	8	Contribu	tions and grants (Part VIII, line 1h)	142,201	150,513
Ž	9		service revenue (Part VIII, line 2g)	4,923	5,721
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	654	673
œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	186,930	135,236
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	334,708	
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	149,076	106,430
	14		paid to or for members (Part IX, column (A), line 4)	(
ses	15		other compensation, employee benefits (Part-IX, column (A), lines 5–10)	33,090	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 1, le)	(sacratore 6	<u> </u>
S.	17	Other or	odraising expenses (Part IX, column (D), line 25) 0 spenses (Part IX, column (A), lines 11 a 1 fd, 1 ft - 24e)		
	18		penses. Add lines 13–1/7 (must equal Part IX; column (A), line 25)	139,276 321,442	
	19		land automatical Culturation 10 families 10	13.266	
- S		110101100		Beginning of Current Year	End of Year
sets	20	Total ass	sets (Part X, line 16)	225,069	
L Ass	21	Total lial	pilities (Part X, line 26) .	37,650	
Net Assets or Fund Balances	22	Net asse	ets or fund balances. Subtract line 21 from line 20	187,419	200,635
Pa	art II		nature Block		
	•		r, I declare that I have examined this return, including accompanying schedules and statements, an	•	ge
_ано	Dellei-II (is irde, corre	ct_and complete Declaration of preparer (other than officer) is based on all information of which pr	reparer has any knowledge	
Sig	gn	· ∤ ♪ ·	Signature of officer	Date /	= 110
He	re		LYNNETTE ABBOTT SECRE	L)' 0
			Type or print name and title		
_		Print	Type preparer's name Preparer's signature	Date	PTIN
Pa	id	1000	TT CHERRY SCOTT CHERRY SAN AS	Check	If DOOLASTOR
	eparei		OTT CHERRY SCOTT CHERRY SOLVEN	5/10/2017 self-em	
Us	e Onl	,	s name CHERRY, LIGHT AND RIDLEY	Firm's EIN ► 75-2	
			's address ► 1117 65TH DR, LUBBOCK, TX 79412	Phone no (806	6) 747-2542
Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)	<u> </u>	. X Yes No
For	Paper	work Redi	uction Act Notice, see the separate instructions.		Form 990 (2015)

Forms	990 (2015)	INTERNATIONAL ASSOC. OF LIONS CLUBS	/ 5-6050596	Page ∠
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
'1	D-1-44		· · · · · · · · · · · · · · · · · · · 	
7		escribe the organization's mission: e and foster a spirit of understanding among people. To promote the principles of		
		vernment and good citizenship. To unite the members in the bonds of friendship, good		
		n and mutual understanding. To provide a forum for the enen discussion of all		
		of public interest. To encourage service-minded people to serve their community.		
2		organization undertake any significant program services during the year which were not listed or		
_		Form 990 or 990-EZ?		X No
	•	describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
		7	Yes	X No
	If "Yes,"	describe these changes on Schedule O.		—
4	Describe	the organization's program service accomplishments for each of its three largest program service	ices, as measured by	
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others,	ı
	the total	expenses, and revenue, if any, for each program service reported.		
	(Code) (Expenses \$ 249,205 including grants of \$ 106,430) (Rev	enue \$ 292	143)
		bock Lions Club is proud of their many donations to charitable organizations which are		
	primarily	in the city of Lubbock, Texas. Joining with other Lions Clubs in Texas, the USA and		
	the work	, we also support the charitable purposes of Lions Clubs helping people with the health		
	of the ev	والأرازين والأرازين والمرورة والمرورة والمرازي والمرازي والمرازي والمرازي والمرازي والمرازي والمرازي		
		lothing and other basic living needs.		
				
4b) (Expenses \$ including grants of \$) (Rev		
	+			
4c	(Code) (Expenses \$ including grants of \$) (Rev	enue \$)
		······································		
	Other pr	ogram services (Describe in Schedule O.)		
	(Expens		0)	

249,205

4e Total program service expenses

Part	IV Checklist of Required Schedules			
			Yes	No
`1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ŀ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	L
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ł	1	ł
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	l		ĺ
	Part III	_5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		[l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	l	1	ŀ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ļ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		i .	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ŀ		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1		
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ì		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets] ,		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17_		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Feli	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		_X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	İ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated]]	1	
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Ť.
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year] [
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		İ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		i	v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	ł	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1	Χ
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
31	conservation contributions? If "Yes," complete Schedule M	30		X
31	Part I	31	i	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 	\dashv	
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		1	
	III, or IV, and Part V, line 1	34		Χ_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	
— В	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	254		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
55	organization? If "Yes," complete Schedule R, Part V, line 2	36	l	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\dashv	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		ļ	
	VI	37	J	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\Box	
	19? Note. All Form 990 filers are required to complete Schedule O		Х	
		Form	990 (2	2015)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
•	onoscii osiosii siosii osiosii osiosi osiosii osiosii osiosii osiosii osiosii osiosii osiosii osiosii		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	是数		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	建		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1,000
	Statements, filed for the calendar year ending with or within the year covered by this return 2a1	型型	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	resem:
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 	└
4a	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			١.,
_	account)?	4a	COMPANY.	X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
~ <u>-</u>	(FBAR)		A	3,000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\vdash	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	\vdash	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	\vdash \dashv	⊢–
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a	\vdash	├^
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD .		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	2000	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\vdash \vdash \vdash$	 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c	. !	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Carter-Sales	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			14.1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1		100
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Ш	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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 members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources		7	
	against amounts due or received from them)		ALC: N	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12a	Rest Thurse	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		3	A T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		The second	Spira
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	District.	ik
Ł	Note. See the instructions for additional information the organization must report on Schedule O.		F.	हुआ । हुआ
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	: - : - :	N.S.	
_	the organization is licensed to issue qualified health plans	1.3	33.4	200
C 140	Enter the amount of reserves on hand	440	±2.6.20	
14a	If "Ves " has it filed a Form 720 to report those payments? If "No " provide an explanation in Schedule O	14a	├─┤	X

Form 9	290 (2015) INTERNATIONAL ASSOC. OF LIONS CLUBS 75-608	0596	F	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No	π	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	tructi	ons.
٠	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a		4		
	If there are material differences in voting rights among members of the governing body, or			i
	If the governing body delegated broad authority to an executive committee or similar	ľ	1	ł
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> <u>20</u>	4	1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Ĺ	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		ļ	1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	<u> </u>	<u> x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ŀ	
	one or more members of the governing body?	7a	<u> </u>	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		İ	1
	the year by the following	L	<u> </u>	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	١.		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ļ	X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (<i>lode.</i>		
40-	Did the agree in the have lead shouters have been as efficience?	400	Yes	No
10a	· · ·	10a		_X_
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
44.		10b	х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tia	├^	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	X
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	 ^-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 ^	
C	describe in Schedule O how this was done	12c	х]
13	Did the organization have a written whistleblower policy?	13	 ^	х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	"	 	-
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i '		
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		 ^-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		 ^
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1	l	
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available Check all that apply	, = = , , , ,	,	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cv. an	ıd	
	financial statements available to the public during the tax year	J, wi		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	Lynnette Abbott 806-763-4789 4 Briercroft Office Park, Lubbock, TX 79412			
	4 Briercroft Office Park, Lubbock, TX 79412			

Form 990 (2015)	INTERNATIONAL ASSOC. OF LIC				_				P 1 - 1 0	<u>75-60505</u>	96 Page 7
Part VII	Compensation of Officers, Dire	-	es, r	ley	Εm	ıpı	yee	s, t	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a r		to to	anı	, lie	a ir	a thic	D-	ort V/II		<u> </u>
Section A.								_		• • • • •	· · · <u> </u>
	Officers, Directors, Trustees, Key E							_			
organization's	this table for all persons required to be	iistea Report co	mper	ısatı	ол 1	or t	ne ca	епс	ar year ending v	with or within the	
_		rectors trustees	: (whe	othe	rınc	livid	وادرر	or o	roanizations) re	nardless of amo	unt
 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."											
	organization's five current highest con										yee)
	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										
_	ind any related organizations of the organization's former officers, ke	v omnlovogo o	منا امن	haa						anairead marca the	
\$100,000 of re	eportable compensation from the organ	ization and any	relate	d or	gan	izat	ions.				
	of the organization's former directors of the organization of th										the
_	n the following order individual trustees		_				•		_		
	employees, and former such persons.										
Check this	s box if neither the organization nor any	related organiz	ation	con	пре	nsat	ed ar	у с	urrent officer, dir	ector, or trustee.	
					(()					
	(4)	(5)			Pos		4		(5)	450	<i>(</i> =)
	(A) Name and Title	(B) Average		(do not check more than one box, unless person is both an Reportable						(E) Reportable	(F) Estimated
		hours per week (list any			-	recto	or/truste		compensation from	compensation from related	amount of other
		hours for	or Indiv	Insti	Officer	Κey	emp emp	Former	the	organizations	compensation
		related organizations	ndıvidual t or director	适	97	dub	est c	ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	Individual trustee or director	a		loye	e e		,		and related organizations
		iiie)	ště	Institutional trustee		•	ensa				Organizations
			ļ	•			Highest compensated employee				
(1) Tim Sar	mpson	5 00									
President		0.00			Х						
(2) Mike Ma		1 00									
President Elec		0 00									
(3) Russell 1st VP	Lionaway	4.00	X		Х		-	_			
IST VP	Donaway	1.00					-	_			
		0 00	х		X			_			
(4) Tod Tov		0 00 1.00	х		х						
(4) Tod Tov 2nd VP	wns	0 00 1.00 0 00	X X								
(4) Tod Tov 2nd VP (5) Kelly Pi	wns	0 00 1.00	x		х						
(4) Tod Tov 2nd VP	wns	0 00 1.00 0 00 1.00	x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer	wns nion arby	0 00 1.00 0 00 1.00 0.00 20.00	x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F	wns nion arby	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00	x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer	wns nion arby	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00	x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael	wns nion arby	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00	x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain	wns nion arby Fried I Hutton	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00 1.00	x x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain (9) Zach Ba	wns nion arby Fried I Hutton	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00 1.00 0.00	x x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pin 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain (9) Zach Ba Tail Twister	wns nion arby fined I Hutton arton	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00 1.00 0.00	x x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain (9) Zach Ba	wns nion arby fined I Hutton arton	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00 1.00 0.00	x x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pin 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain (9) Zach Ba Tail Twister (10) Kyle Wi	wns nion arby Fried I Hutton arton inegart	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00 1.00 0.00 1.00	x x x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain (9) Zach Ba Tail Twister (10) Kyle Wi Tail Twister (11) Stan Cr Director	wns nion arby Fried I Hutton arton inegart	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1 00 0.00 1.00 0 00 1.00	x x x x x		x x						
(4) Tod Tov 2nd VP (5) Kelly Pi 3rd VP (6) Judy Da Treasurer (7) Bruce F Lion Tamer (8) Michael Chaplain (9) Zach Ba Tail Twister (10) Kyle Wi Tail Twister (11) Stan Cr	wns nion arby Fried I Hutton arton inegart	0 00 1.00 0 00 1.00 0.00 20.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	x x x x x x x x x		x x						

(13) Jeann Anne Stratton
Director
(14) Stephen Warren
Director

Pa	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	ees,	and	d Hi	ghes	t C	ompensated En	iployees (co	<u>ntın</u>	ued)		
•	(A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is both officer and a director/trus					an ee)	(D) Reportable compensation	(E) Reportable compensation			(F) stimate	-
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	ıs	org ar	other mpensa from the ganizati nd relate janizatio	atron e tion ted
(15) Direct	Andy Bean													
(16)	Terry Holeman	1.00												
Direct		0 00	X	L		<u> </u>	-	L	ļ		\dashv			
Direct	Mallory Mitchell	1.00 0 00	,	ľ		1						ļ		
	Mike Moss			┢		-		\vdash	<u> </u>		\dashv			,
Direct	or	0.00	1	١.				ŀ			Ì	Ì		
	Jason Gloe													
Past	President	0.00	x				Ĺ							
(20)	Lynnette Abbott	40.00										_		
Secre			X		X				31,885		_			
(21)														
(22)													-	
(23)									-					
(24)								_						
(25)											寸			
1b	Sub-total			Щ.				•	31,885		0			0
	Total from continuation sheets to Part VII, Se								0		Ö			0
d_	Total (add lines 1b and 1c)				<u>. </u>		<u> </u>	▶	31,885		0			0
	Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) w 0	vho	recei	ved	more than \$100	,000 of				
3	Did the organization list any former officer, dire	ector or trustee	kev e	mnl	01/0		r bial	oct	compensated		Г		Yes	No
J	employee on line 1a? If "Yes," complete Sched	ule J for such inc	lividu	ial.		e, u		icai	· · · · · ·		-	3		х
4	For any individual listed on line 1a, is the sum of	of reportable com	pens	atio	n ai	nd c	ther	com	pensation from		ſ			•
	the organization and related organizations grea									7			<u>ئ</u>	<u> </u>
	individual										ļ	4		Х
	Did any person listed on line 1a receive or accru									ıdual			*	ļ
	for services rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for	suc	h per	son	·	<u> </u>		5		Χ_
	on B. Independent Contractors		l							100.000 . (
	Complete_this_table_for_your_five_highest_compe- compensation from the organization. Report col year.										n's ta	ax		
	(A) Name and business addr	ress							(B) Description of serv	rices	— с	(C) ompen		
						_			<u> </u>					0
														0
														0
														0
	Total number of independent contractors (include	ding but not limite	ed to	thos	se li	sted	abo	ve)	who received					0
	more than \$100,000 of compensation from the		•				_ 0	•						

Form 9	90 (201	5) INTERNATIONAL ASSOC. OF LIONS CLU	JBS			75-6050	596 _ Page 9
Pari	VIII			this Part VIII			
		Check if Schedule O Contains a response of th	ote to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e	Federated campaigns	0 150,513 0 0 0	150,513			
Program Service Revenue		ROSTER SUPPORT TAIL TWISTERS All other program service revenue . Total. Add lines 2a–2f	Business Code	3,745 1,976 0 0 0 0 5,721	3,745 1,976		
	3 4 5 6a b	Investment income (including dividends, interest, other similar amounts)	and ►	673 0 0	673		
	d 7a b	110,110,110,110,110,110,110,110,110,110	(ii) Other 0 0 0 0	0			
Other Revenue	b c 9a b	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	183,935 51,498 • • • • • • • • • • • • • • • • •	132,437			
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less. cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue	4,661 1,862	2,799			
	11a			0			

d All other revenue .

e Total. Add lines 11a–11d . . . 2 Total revenue. See instructions

0

6,394

0 292,143

75-6050596 INTERNATIONAL ASSOC. OF LIONS CLUBS Form 990 (2015) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (B) (C) (D) Do not include amounts reported on lines 6b. 7b. Fundraising Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations 106,430 domestic governments. See Part IV, line 21 106,430 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, 31,885 15,943 15,942 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Pension plan accruals and contributions (include ٥ section 401(k) and 403(b) employer contributions). . ō 9 Other employee benefits 2.413 1.207 1.206 10 Payroll taxes Fees for services (non-employees). 0 775 775 Accounting 0 Professional fundraising services. See Part IV, line 17. . . Ō 0 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 3,320 1,660 1,660 13 14 Information technology 15 0 Occupancy 12,028 6,014 6,014 16 17 Travel 0 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials . . . 0 19 Conferences, conventions, and meetings 20 0 0 Payments to affiliates . 21 Depreciation, depletion, and amortization . . . 0 22 23 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.) 19,543 19,543 Dues -- International, State-&-District Lions..... 79,500 79,500 b Regular Lions Club Meetings Expenses 3,683 3,683 Awards and Recogition Board Meeting 2,340 2,340 e All other expenses 17,010 12,885 4,125 Total functional expenses. Add lines 1 through 24e. 278,927 249,205 29,722 25 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 following SOP 98-2 (ASC 958-720) . . .

_	n 990 (2				75-6050596 Page 11
P	art X				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	188,288	1	179,018
	2	Savings and temporary cash investments	35,000	2	35,000
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	2,900
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees.			
	ŀ	Complete Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under section	•		
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			,
	İ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets	Į.	organizations (see instructions). Complete Part II of Schedule L		6	
188	7	Notes and loans receivable, net	0	7	0
Q	8	Inventories for sale or use	<u>1,781</u>	8	3,970
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	}		
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less accumulated depreciation 10b 0		<u>10c</u>	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	225,069		220,888
	17	Accounts payable and accrued expenses	37,650	17	20,253
	18	Grants payable		18_	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	·	20	
(A	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
薑	l	disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	
_	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	_		<u> </u>
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	o	25	l n
	26	Total liabilities. Add lines 17 through 25	37,650		20,253
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			20,200
8	1	complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	155 A10	27	460.005
<u>8</u>	28	Temporanily restricted net assets	155,419 32,000	28	169,635
8	29	Permanently restricted net assets		29	31,000
5	25	F			
_ <u>⊩</u> _		Organizations that do not follow SFAS 117 (ASC958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et et	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	187,419	33	200,635
	34	Total liabilities and net assets/fund balances	225,069	34	220,888

Form	990 (2015) INTERNATIONAL ASSOC OF LIONS CLUBS	75	5-6050596	Pa	ge 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		292	2,143
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,927
3	Revenue less expenses. Subtract line 2 from line 1	3		_ 13	3,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		187	7,419
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		200	0,63 <u>5</u>
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •			<u>Ц</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				l ,
	reviewed on a 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		Х
	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		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				اـــــا
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		
			Form \$	990 (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete If the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

	e organization answered ''' xy Tax) (see separate instr	Yes," on Form 990, Part IV, line 5 (Pro ructions), then	oxy Tax) (see sepa	rate instructions) or Form 9	90-EZ, Part V, line 35c
• S	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Nam	e of organization			Employ	er identification number
	ERNATIONAL ASSOC. OF				75-6050596
Pa		the organization is exempt und			organization.
1		he organization's direct and indirect p			
2	Political expenditures			<i>.</i> . > \$	
3	Volunteer hours				
Pa	rt I-B Complete if t	he organization is exempt und	der section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	on under section 4		
2	Enter the amount of any	excise tax incurred by organization m	nanagers under se	ction 4955 🕨 \$	····
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	?	. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part	IV.			
Pa	rt I-C Complete if t	he organization is exempt und	der section 501	(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organization f	for section 527 exe	empt function	
	activities			 \$	
2	Enter the amount of the f	iling organization's funds contributed	to other organizat	ons for section	
	527 exempt function activ	vities		▶ \$	
3	Total exempt function exp	penditures. Add lines 1 and 2 Enter h	nere and on Form	1120-POL,	
	line 17b			> \$	0
4	Did the filing organization	file Form 1120-POL for this year? .			. Yes No
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	tion 527 political organization	ons to which the filing
	organization made paymo	ents. For each organization listed, en	ter the amount par	d from the filing organization	on's funds. Also enter
	the amount of political co	ntributions received that were prompt	tly and directly deli	ivered to a separate politica	al organization, such
	as a separate segregated	fund or a political action committee	(PAC). If additiona	I space is needed, provide	information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lando il none, ciner -o-	delivered to a separate
					political organization If none, enter -0-
(1)					
,				<u> </u>	
(2)					
(3)					
			 		
(4)					
(5)					
(6)					

Sdh	INTERNATIONAL ASSOC. OF LIONS C edule C (Form 990 or 990-EZ) 2015	CLUBS			75-6050596	Page 2
P	art II-A Complete if the organize under section 501(h)).	zation is exempt	under section 5	01(c)(3) and filed	i Form 5768 (ele	
	Check ▶ if the filing organization name, address, EIN, Check ▶ if the filing organization	expenses, and sh	nare of excess lo	bbying expenditur	es).	up member's
	Limits on (The term "expenditure	Lobbying Expendies" means amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (ara	ass roots lobbying)			0
b	Total lobbying expenditures to influence					0
С	Total lobbying expenditures (add lines	•			0	0
d	Other exempt purpose expenditures .					0
e	Total exempt purpose expenditures (ac				0	0
f	Lobbying nontaxable amount. Enter the					
•	columns.	c amount nom the n	Dilowing table in bo	uı	o	_
ı	If the amount on line 1e, column (a) or (h) io: The lebbyi	ng nontaxable amo	unt les	0	0
	Not over \$500,000		mount on line 1e.	uni is:		
	Over \$500,000 but not over \$1,000,000		us 15% of the excess	- CVOS \$500 000		•
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
ı	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess			
- 1	Over \$17,000,000	\$1,000,000		<u>σνει ψ1,υσυ,σσυ.</u>		
g	Grassroots nontaxable amount (enter 2	* - 1 1			0	
9 h	Subtract line 1g from line 1a. If zero or					0
	Subtract line 1f from line 1c. If zero or I	•			0	0
:	If there is an amount other than zero or	•			•	<u> </u>
<u>,</u>	section 4911 tax for this year?					Yes No
		4-Year Averaging	g Period Under se	ction 501(h)		
	(Some organizations that made	e a section 501(h) e	election do not hav	e to complete all o	f the five columns	below.
	Se	ee the separate ins	tructions for lines	2a through 2f.)		
	Lo	bbying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total

	Le	obbying Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	oi	0	0	0	0
_b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0		0	0
d	Grassroots nontaxable amount	0	0	0	0	0
e	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2015

INTERNATIONAL ASSOC, OF LIONS CLUBS 75-6050596 Schedule C (Form 990 or 990-EZ) 2015 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? . 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 ${f c}$ If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? . . . Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? . Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c 0 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). 5 0 Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

INTE	RNATIONAL ASSOC. OF LIONS CLUBS	75-6050596
	orm 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
<i></i>	·	
•		
,		
	·	
,		
1		
		••••

SCHEDULE D (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	5		
INTE	RNATIONAL ASSOC. OF LIONS CLUBS		75-6050596
Par		or Advised Funds or Other Similar	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	÷ 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	·	
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control	ol? Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant	t funds can be
	used only for charitable purposes and not for		or for any other
	purpose conferring impermissible private ben	efit?	
Par	Conservation Easements.		
•		ered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held be		
-	Preservation of land for public use (e.g., recre		n of a historically important land area
		=	
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a cert		. 2c
d	Number of conservation easements included		
_	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or ten	minated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy re		
•	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in	ispecting, handling of violations, and enforcing	conservation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspe-	cting, handling of violations, and enforcing cons	servation easements during the year
	Description accounts and description	m (ma 2/d) about action the account	-6K 470/b\/4\/D\/\
8	Does each conservation easement reported of		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		anciai statements that describes
Par		ctions of Art, Historical Treasures,	or Other Similar Assets
		ered "Yes" on Form 990, Part IV, line	
та	If the organization elected, as permitted unde		
	-works-of-art,-historical-treasures,-or other simi		
_	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		tion, or research in furtherance
	of public service, provide the following amoun		
	(i) Revenue included on Form 990, Part VIII,		
2		et historical transported on other constitutions	
2	If the organization received or held works of a		
•	following amounts required to be reported und	ici oi no i io (noc 900) relating to these t	
a b	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X		· · · · · • • •
U	maaaa maaaa mii umii aav. Fail A		

Sched	lule D (Form 990) 2015 INTERNATION	AL ASSC	OC. OF LIONS	CLUBS				75-605	<u>05</u> 96		Page 2
Part	t III Organizations Maintain	ng Col	lections of	Art, Histo	orical Ti	reasures, c	r Othe	r Similar Ass	ets (cor	ntinue	d)
3	Using the organization's acquisition										
•	collection items (check all that apply				·		Ū	J			
а	Public exhibition			d ∏	Loan	or exchange	program	s			
b	Scholarly research			- □	Other	_	-				
	= '	-4:		_ `	Ollici						
C	Preservation for future gener		- 114			Al 11 .			!. 5		
4	Provide a description of the organiz XIII.								ose in Pa	art	
5	During the year, did the organizatio assets to be sold to raise funds rath								Y	es [_] No
Part	Escrow and Custodial A Complete if the organizat 990, Part X, line 21.	_		on Form	990, Pa	art IV, line 9	, or rep	orted an amou	unt on F	orm	
1a	Is the organization an agent, trustee	e, custod	lian or other in	ntermedian	for cont	ributions or o	ther asse	ets not			
b									Y	es 🔼] No
	, ,		•		5				Amount		
С	Beginning balance						1c				0
d	Additions during the year						1d	1			
е	Distributions during the year						1e				
f	Ending balance						1f				0
2a	Did the organization include an amo	ount on F	Form 990. Par	t X. line 21	. for escr	ow or custod	ial accou	int liability?	Y	es X	No
b	If "Yes," explain the arrangement in							•			1
Part		- 47.77.11	. Chock hore	THE CAPIT		do ocen prov		dittini	· · · ·	لــــا	<u> </u>
Part	Complete if the organizat	on and	wered "Vec"	on Form	000 Ba	rt IV/ line 1	0				
	Complete it the organizati		Current year	(b) Pno		(c) Two years		(d) Three years back	(a) E	our years	- back
1a	Beginning of year balance	- (u)	Ourient year	 	0		0	(u) Tince years back	0	Jul years	0
b	Contributions	<u> </u>		-				. 	-		
C	Net investment earnings, gains,	-							+-		
C	and losses								ĺ		
d	Grants or scholarships	-						- - -	+		
e	Other expenditures for facilities	·	-			<u></u>			+		
·	and programs	ļ							i		
f	Administrative expenses								+-		
g	End of year balance		0		0	 -	0		ol		0
2	Provide the estimated percentage of			<u> </u>		lumn (a)) hel			<u> </u>		
_ a	Board designated or quasi-endowm		►	%		namm (a)) nei	u u u				
b	Permanent endowment		%								
c	Temporarily restricted endowment	▶	%								
	The percentages on lines 2a, 2b, ar	nd 2c sho		•							
3a	Are there endowment funds not in the		•		that are	held and adı	nınistere	d for the			
	organization by	·		•						Yes	No
	(i) unrelated organizations .								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related	l organiz	ations listed a	as required	on Sche	dule R?			3b		
4	Describe in Part XIII the intended us	ses of the	e organization	's endown	ent funds	S					
Part	VI Land, Buildings, and Eq	uipmer	nt.								
	Complete if the organization	on ansv	wered "Yes"	on Form	990, Pa	rt IV, line 1	1a. See	Form 990, Pa	art X, lin	ne 10.	
	Description of property	<u>-</u>	(a) Cost or of	ther basis	(b) Co	st or other	(c) A	ccumulated	(d) B	ook value	<u>——</u>
			(investm	nent)	bası	s (other)		preciation			
1a	Land			0		0					0
b	Buildings			0		0		0			0
С	Leasehold improvements			. 0		0		0			0
d	Equipment			0		0		0			0
<u>e</u>	Other			0		0		0			0
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 99	00, Part X,	column (E	3), line 10c)					0

Schedule D (Fo			75-60505	96 Page 3
Part VII	Investments—Other Securit Complete if the organization a		Part IV, line 11b. See Form 990, P	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	art X, line 12
(4) Einanaia	al derivatives	 	Cost or end-of-year market value	
	held equity interests	0		
(A)				
(B)				
(C)				_
(D)	•			
<u>(E)</u>				
(F)				
				_
(H)	b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII		<u> </u>		
T GIT VIII			Part IV, line 11c. See Form 990, P.	art Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	<u>art A, III le 13.</u>
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(5)				
(6)				
(8)				-
(9)				
	o) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			
	Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part IV, line 11d. See Form 990,	art X. line 15.
		(a) Description		Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)	****	· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol (B) line 15)		0
Part X	Other Liabilities.			
		nswered "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 9	990, Part X,
	line 25.			
1. (1) Fordered	(a) Description of liability	(b) Book value		
	I income taxes	<u> </u>		
(2)				
(4)				:
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 25)	0		
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footnote to the orga	anization's financial statements that reports	the
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740). Check here if the	text of the footnote has been provided in F	art XIII

Schedule D (Form 990) 2015 INTERNATIONAL ASSOC. OF LIONS CLUBS

75-6050596

Page 4

Schedule D (Form !		INTERNATION	AL ASSOC. OF L	<u>IONS CLUBS</u>			75-6050596	Page 5
Part XIII	Supple	mental Inform	nation (continue	ed)	-			
<i></i>								
								
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				·				
			· • • • • • • • • • • • • • • • • • • •					
•								
						-		
_								
					••			
	-		-					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	_	-			Employer Identificati	on number	
INTERNATIONAL ASSOC. OF LIONS CL						50596	
Part I Fundraising Activities. C				ered "Yes" on For	m 990, Part IV, li	ne 17.	
1 Indicate whether the organization ra	aised funds throu						
a Mail solicitations		e 💹 S	olicitation o	of non-government of	rants		
b Internet and email solicitations		f 💹 S	olicitation o	of government grant	s		
c Phone solicitations		g 🔲 S	pecial fund	raising events			
d In-person solicitations		_					
			-		-		
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.							
(i) Name and address 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				
1				0	0	0	
2				0	0	0	
3				0	0		
4	ļ. <u></u>					0	
5	<u></u>			0	0	0	
6				0	0	0	
7	 -			0	0	0	
8				0	0	0	
9				0	0	0	
				0	0	0	
				0	0	0	
Total	<u> </u>	<u>.</u>	🛌	0	o	0	
List all states in which the organization or licensing							
						*	

		more than \$15,000 of events with gross rece	fundraising event cont cipts greater than \$5,00		come on Form 990-E	Z, lines 1 and 6b. List
		<u> </u>	(a) Event #1 Pancake festival (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1	Gross receipts	183,935		0	183,935
ď	2				0	0
		minus line 2)	183,935		0	183,935
	4	Cash prizes			0	0
S	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs				0
Ĕ	7	Food and beverages			0	0
Dire	8	Entertainment			0	0
	9	Other direct expenses	51,498		0	51,498
Pa	10 11 Irt	Net income summary Subtract	ct line 10 from line 3, colu he organization answe			(51,498) 132,437 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				0
ses	2	Cash prizes	·			0
Direct Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				o
	5	Other direct expenses .				0
	6	Volunteer labor	Yes % No	Yes % No	Yes% No	
	7	Direct expense summary Add	l lines 2 through 5 in colui	mn (d)		(0)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	<u> </u>	0
9	E	Enter the state(s) in which the org	ganization conducts gamii	ng activities		
	a−l	s-the-organization-licensed-to-col lf "No," explain	nduct-gaming-activities-in-	each of these states?.		Yes No
		Were any of the organization's ga lf "Yes," explain:	ımıng licenses revoked, si	uspended or terminated	during the tax year?	. Yes No

Sched	ale G (Form 990 or 990-EZ) 2015 INTERNATIONAL ASSOC OF LIONS CLUBS	<u>75</u>	<u>-60505</u> 9	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X 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	X No
13	Indicate the percentage of gaming activity conducted in:			
а	· · · · · · · · · · · · · · · · · · ·	13a		%
ь	An outside facility	13b	<u> </u>	%
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?		Yes	. No
	If "Yes," enter the amount of gaming revenue received by the organization $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
С	If "Yes," enter name and address of the third party			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	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?	.	Yes	No No
Ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations			0
Part	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			and
	(see instructions).			
			·	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2015 Open to Public

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

75-6050596

INTERNATIONAL ASSOC OF LIONS CLUBS

Department of the Treasury Internal Revenue Service Name of the organization Part I General Information on Grants and Assistance

X Yes No Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1		dion the in the	פוור נוומר ובסבו אבת	ווסוכ נוומוו לסיסס. ר	the state of the s	מוכח זו מחחווחוומו צאמ	ice is needed.	
-	1 (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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
105	(1) Catholic Charities 102 Ave J Lubbock, TX 79401	75-1966688	501(c)(3)	10,000				Eyeglasses
30 (2)	(2) Boy Scouts Of America Troop 157 30 Briercroft Office Park Lubbock, TX	75-0871721	501(c)(3)	7,500				Scouting program
(E)	(3) Sick Children's Clinic 1002 Ave A Lubbock, TX 79401	75-2209353	501(c)(3)	5,000				Prescription medicine
€ 4	(4) Texas Lions Camp 4100 Memorial Blvd Kerrville, TX 7802	75-2209353	501(c)(3)	15,163				Camp support
@ E	(5) The Salvation Army 1111 16th St Lubbock, TX 79408	75-0800678	501(c)(3)	9,220				Program support
<u></u> 이	(6) Women's Protective Services PO Box 54089 Lubbock, TX 79453		501(c)(3)	2,000				For clothing for children
E	(7)		-					
(8)								
<u>@</u>								
(10)								
Ē								
2								
9 m	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table.	501(c)(3) and gc ganizations listed	l overnment organizate d in the line 1 table .	tions listed in the line 11	table		A A	, c
								,

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm HTA}$

Schedule I (Form 990) (2015)

INTERNATIONAL ASSOC. OF LIONS CLUBS

Schedule I (Form 990) (2015)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

75-6050596

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public

Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Pai	t I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study		, ,	
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		
C	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	46		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		<u>X</u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the net earnings of The organization?	6a		X
b	Any related organization?	6b		$\frac{\chi}{x}$
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	In Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

75-6050596

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nonlaxable (F) Total of columns (F) Co		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title	<u>=</u>	(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(B)(I)+(D)	in column (B) reported as deferred on prior
		compensation	compensation	reportable				Form 990
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SCHEDULE O (Form 990 or 990-EZ)

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

2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

INTERNATIONAL ASSOC. OF LIONS CLUBS	75-6050596
Form 990, Part VI, Section A, Line 7a. The members hold annual elections according to the	
procedures required by it's by-laws. A nominating committee presents a list of candidates for	
the club's officer and directors. Nominations from the general membership are also presented	
for the same positions. The elections are held in March and the members are notified two weeks	
prior to the elections. Elections are held using secret ballots in a regular meeting of the	
entire club. The paper ballots are counted by a committee of twenty club members and the	
results are announced at the end of the regular meeting on the day of the election.	
Form 990, Part VI, Section B, Line 11b The form 990 is presented at a regular board meeting.	
Form 990, Part VI, Section B, Line 12c The bills to be paid are approved by the board of	
directors at regular board meetings. The club is small enough that the board members are	
familiar with the club's officers, directors and members. When the club makes any payment to	
any of its members, the board is aware of the product or service that the member is providing	
to the club for compensation. These payments are routine expenses such as printing or	
accounting services. No conflicts of interest are permitted and the club's officers and	
directors keep a close watch on a regular basis of the club's financial expenditures.	

Name of the organization	Employer identification number
	75-6050596
INTERNATIONAL ASSOC. OF LIONS CLUBS	73-0030390
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