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OMB No 1545-1150

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning July 1, 2017, and ending June 30, 2017

B Check if applicable

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

C Name of organization

International Association of Lions 4016 Thibodaux

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

Room/suite

P.O. Box 461

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

Thibodaux, LA 70302

D Employer identification number

23-7132769

E Telephone number

985-872-9036

F Group Exemption

Number ▶ 0239

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

I Website: ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 84,151.96

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	100.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	13,175.83
	4	Investment income	4	44.38
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	37,570.00
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	33,261.75
c	Less direct expenses from gaming and fundraising events	6c	43,566.92	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	27,264.83	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,585.04	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	24,742.70
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	4,000.00
	15	Printing, publications, postage, and shipping	15	287.93
	16	Other expenses (describe in Schedule O)	16	14,625.21
	17	Total expenses. Add lines 10 through 16	17	43,655.84
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,070.80)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,943.76
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,872.96

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

SCANNED APR 25 2019

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,693.76	22 40,622.96
23 Land and buildings		23
24 Other assets (describe in Schedule O)	250.00	24 250.00
25 Total assets	43,943.76	25 40,872.96
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,943.76	27 40,872.96

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? Civic/Social Service

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Bayou Lights - Provide holiday decorations for the City of Thibodaux		
(Grants \$ 5,900.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,900.00
29 Flood Victim Assistance - Provide monetary assistance to 16 victims of the August 2016 flood in Denham Springs, Louisiana		
(Grants \$ 5,226.69) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,226.69
30 Lion's Children's Camp - provide funding for summer camp for physically and mentally disabled children		
(Grants \$ 4,215.00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,215.00
31 Other program services (describe in Schedule O)		
(Grants \$ 6,500.35) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	6,500.35
32 Total program service expenses (add lines 28a through 31a)	32	21,842.04

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gary Zeringue President	4	0	0	0
Arthur Rice Secretary	3	0	0	0
John Constant Treasurer	4	0	0	0
Jason Ledet First Vice President	1	0	0	0
Charles Ordoyne 2nd Vice President	1	0	0	0
Derek Matherne 3rd Vice President	1	0	0	0
Corey Zeringue 2 yr Director	1	0	0	0
Jared Gros 2 yr Director	1	0	0	0
Ed Comeaux 1 yr Director	1	0	0	0
Ed Martin 1 yr Director	1	0	0	0
Charles Seaman Corresponding Secretary	1	0	0	0
Eric Ford Tailtwister	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.00		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.00		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.00		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 None		
42a The organization's books are in care of 42a Charles Ordoyne Telephone no 42a 985-448-1844 Located at 42a 210 Marcello Blvd., Thibodaux, LA ZIP + 4 42a 70301		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **▶** _____

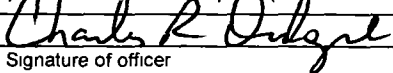
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **▶** ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		01-31-18
	Signature of officer	Date
	Charles Ordoyne, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

International Association of Lions 4016 Thibodaux

Employer identification number

23-7132769

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 <u>Football Jamboree</u> (event type)	(b) Event #2 <u>AllStar Basketball</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	18,819.75	10,326.00		29,145.75
	2 Less Contributions				0.00
	3 Gross income (line 1 minus line 2)	18,819.75	10,326.00		29,145.75
Direct Expenses	4 Cash prizes				0.00
	5 Noncash prizes				0.00
	6 Rent/facility costs				0.00
	7 Food and beverages	2,005.11			2,005.11
	8 Entertainment				0.00
	9 Other direct expenses	10,273.67	3,104.85		13,378.52
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,383.63
	11 Net income summary. Subtract line 10 from line 3, column (d)				13,762.12

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			37,570.00	37,570.00
	2 Cash prizes			12,125.00	12,125.00
Direct Expenses	3 Noncash prizes				0.00
	4 Rent/facility costs			1,034.00	1,034.00
	5 Other direct expenses			13,599.28	13,599.28
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				26,758.28
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				10,811.72

9 Enter the state(s) in which the organization conducts gaming activities: Louisiana

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Charles Ordoyne

Address ▶ 210 Marcello Blvd., Thibodaux, LA 70301

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☒ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ Charles Ordoyne

Gaming manager compensation ▶ \$ 0.00

Description of services provided ▶ Maintains records, deposits revenue, pays prizes & expenses

☒ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☒ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017**Open to Public
Inspection**

Name of the organization

International Association of Lions 4016 Thibodaux

Employer identification number

23-7132769

Form 990-EZ Part I, Line 10 - Grants and Similar Amounts Paid:

Bayou Lights	\$5,900.00
Flood Victim Assistance	5,226.69
Lions Children's Camp	4,215.00
District & International Dues	2,900.66
High School Service Awards	4,207.04
Sight Conservation	862.59
4-H Livestock Show	500.00
Thibodaux Biddy Basketball	350.00
Court Appointed Special Advocates for Children (CASA)	250.00
Femmes Natales	250.00
Used Eyeglasses Program	50.72
Golden Meadow Lions Golf Tourney	30.00
TOTAL	\$24,742.70

Form 990-EZ Part I, Line 16 - Other Expenses:

Cost of Meals Assessed to Members	\$5,980.11
Installation Banquets Cost	2,801.82
Member Recognition Awards	834.30
Cost of Tailwister Event	2,281.11
Club Supplies	242.56
Promotional	654.19
75th Anniversary Expense	68.95
Christmas Social	1,606.87

(continued on next page)

Name of the organization

Employer identification number

International Association of Lions 4016 Thibodaux

23-7132769

Form 990-EZ Part I, Line 16 - Other Expenses (continued):

District Governor Recognition	\$25.00
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Chamber Dues	130.00
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TOTAL	\$14,625.21
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Form 990-EZ Part II, Line 24 - Other Assets:

Facility Rental Deposit	\$250.00
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Form 990-EZ Part III, Line 31 - Other Program Services:

Represents community support in the form of funding for youth recreational services, recognition to high school graduates for service and music excellence, and other community support.

Form 990-EZ Part IV - List of Officers, Directors, Trustees, and Key Employees (cont.):

Name/Title	(b)	(c)	(d)	(e)
Chris Blanchard/Lion Tamer	1	0	0	0
Craig Pate/Membership Chairman	1	0	0	0
David Biondo/Immediate Past President	1	0	0	0