990

Cepartment of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2018

2949318803719

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.

Open to Pi
Information about Form 990 and its instructions is at www.irs.gov/form990
Inspection

2016 Open to Public Inspection

A	or th	2016 calendar year, or tax year beginning J	UL 1, 2016 and er	nding J	UN 30, 2017	
В	Check if applicab	C Name of organization			D Employer identifi	cation number
	Addre	LIONS OF PENNSYLVANIA	FOUNDATION		1	
F	Name	* The property of			25-1	666417
F	Initial	Number and street (or P.O. box if mail is not de	livered to street address) Ro	oom/suite	E Telephone numbe	
	— Final □return	949 EAST PARK DRIVE			•	564-2586
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	156,414.
	Amen return	MARKISBUNG, PA 1/111			H(a) Is this a group re	
L	Application pendi	F Name and address of principal officer ED			for subordinates	? Yes X No
		1949 EAST PARTE DRIVE, H		111	H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c) ()		527		list (see instructions)
		e: ▶ N/A	Other b	1	H(c) Group exemptio	
K	orm o	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 1984]	State of legal domicile: PA
LF	$\overline{}$	·	significant activities TO HEI	ID CE	NSORY IMPAI	PPD
Activities & Governance	1	Briefly describe the organization's mission or most INDIVIDUALS	significant activities 10 HEI	UP SE	NSOKI IMPAII	XED
r a	2	-	ntinued its operations or disposed	d of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body	(Part VI, line 1a)		3_	
<u>ග</u> න	4	Number of independent voting members of the go	• • •		4	19
es	5	Total number of individuals employed in calendar y	rear 2016 (Part V, line 2a)		5	0
Ζį	6	Total number of volunteers (estimate if necessary)			6	0
Act	7 a	Total unrelated business revenue from Part VIII, co			7 <u>a</u>	0.
_	þ	Net unrelated business taxable income from Form	990-1, line 34			
		Contributions and greats (Dort VIII line 15)			Prior Year 84,776.	Current Year 85,650.
e	8	Contributions and grants (Part VIII, line 1h)		-	04,770.	03,030.
Revenue	9	Program service revenue (Part VIII, line 2g)	and 7d)	-	86,800.	70,764.
æ	10	Investment income (Part VIII, column (A), lines 3, 4 Other revenue (Part VIII, column (A), lines 5, 6d, 8c			00,000.	0.
	12	Total revenue - add lines 8 through 11 (must equal			171,576.	156,414.
	13	Grants and similar amounts paid (Part IX, column (65,009.	50,351.
	14	Benefits paid to or for members (Part IX, column (•		0.	0.
(A	15	Salaries, other compensation, employee benefits (0.	0.
Expenses	16a	Professional fundra sing fees (Part IX, column (A),			0.	0.
ē	ь	Total fundraising expenses (Part IX column (Q), lin	1 0 7 1	0. \square		
ũ	17	Other expenses (Partis) column (A), lines 11a-11d			33,034.	34,583.
	18	Total expenses Add lines 13:17 (must equal Part I	X, column (A), line 25)		98,043.	84,934.
	19	Revenue less expenses Subtree la Florida	12		73,533.	71,480.
Net Assets or	4			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		<u> </u>	1,464,951.	1,771,261.
A P	21	Total liabilities (Part X, line 26)		<u> </u>	173,138.	217,366.
붊	22 art II	Net assets or fund balances Subtract line 21 from Signature Block	line 20		1,291,813.	1,553,895.
_		Ities of perjury, I declare that I have examined this return.	unaludina accompanyuna sabadulaca	nd stateme	ante and to the heat of m	k knowledge and helief it is
		it, and complete. Declaration o <u>f p</u> reparer (other than office				Knowledge and belief, it is
1100	, 00110	Mars May () B	CPA	прісрага		-2018
Sig	n	Signature of officer			Date	<u> </u>
Her		MARK TOMCO, TREASURER				
110	•	Type or print name and title				
_		Print/Type preparer's name	Preparer's signature	[[Date Check	PTIN
Paid	j				ıt sell-employ	red
Pre	parer	Firm's name			Firm's EIN	
Use	Only	Firm's address				
					Phone no.	
Ma	, the I	RS discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

Pa	rt III Statement of Program Service Accomplishments	23-100041/ Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO HELP SENSORY IMPARED INDIVIDUALS	. _
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 services, as m	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
_	revenue, if any, for each program service reported	79,295.)
4 a	(Code) (Expenses \$ 61,925. including grants of \$ 50,351.) (Revenue PROVIDE GRANTS TO LOCAL LIONS CLUBS AS MATCHING SUPPORT T	(S /9,293.)
	LIONS PROJECTS IN PENNSYLVANIA	O FOR VARIOUS
	DIONO INCOLCIO IN I DINIOIDINATIO	
4 b	(Code) (Expenses \$ including grants of \$) (Revenue	s \$)
		· · · · · · · · · · · · · · · · · · ·
		
		
4 c	(Code) (Expenses \$) (Revenue	e\$)
		
4d	Other program services (Describe in Schedule O)	1
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 61.925.	

25-1666417

Form 990 (2016) LIONS OF PENNSYLVANIA FOUNDATION
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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 5O1(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-4_		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		X
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1118		21
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- <u></u> -
D	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		х
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	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	<u> </u>	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	<u> 19</u>	000	X

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			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		:	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ľ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		,	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	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	Ì		
	any tax-exempt bonds?	24c		
d	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		X
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	1		İ
	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 current or	}		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)	<u> </u>	L	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
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	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i	l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ļ	٠.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		'	٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		•
	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, III, or IV, and	1	,	v
	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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	35b	-	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, Ine 2	36_	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note, All Form 990 filers are required to complete Schedule O	38_	_X	Ш.

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Statements Regarding Other IRS Filings and Tax Compliance Check it Schedule O contains a response or note to any ince in this Pat V Vex No.		990 (2016) LIONS OF PENNSYLVANIA FOUNDATION	25-1666	417	Р	age \$
1a Enter the number reported in Box 3 of Form 1096 Enter-0-if not applicable Enter the number of Forms W26 included in line 1a Enter-0-if not applicable C Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) with part of the complex of	Par					_
1a Enter the number reported in Box 3 of Form 1056 Enter -0 if not applicable be Enter the number of Forms W25 included in the lat Enter -0 if not applicable be Enter the number of Forms W25 included in the lat Enter -0 if not applicable gaming (gambling) winthings to prize winness? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year anding with or within the year covered by this return. 1b If at least one is reported on the 28, did the organization filed in Forms 100 or more during the calendar year anding with or within the year covered by this return. Note: If the sum of lines is and 2 as is greater than 250, you may be required for elements of the year? 1b If Ves, Thas it filed a Form 990T for the year? If Viso, I five 85, provide an explanation in Schedule O 3a X 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 Accounts (FBAR) 5a Was the organization have the organization have in the year of Foreign Bank and Financial Accounts (FBAR) 5b Us any taxable plany northy the organization have a resident transaction at any time during the tax year? 5c If "Yes," to line 5 ard 5b, did the organization have a resident transaction at any time during the tax year? 5c If "Yes," to line 5 ard 5b, did the organization have a resident transaction at any time during the tax year? 5d Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or grits were not its deductible? 5c If "Yes," to line 5 ard 5b, did the organization his Form 8886 17 and party to a prohibited tax shelter transaction? 5d Did the organization have even be objected to the party as a contributions or grits were not its deductible? 5c If "Yes," the organization have any time during the year year were not tax deductible	<u></u>	Check if Schedule O contains a response or note to any line in this Part V				
be Eiter the number of Ferms W2G included in Ire 1a. Eiter 0- if not applicable c bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gemining) winnings to prize winners? 2a. Eiter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filled for the calendary year ending with or within the year covered by this return b if at least one is reported on fire 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required for e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b. If "Yes," sits filed a Form 995 Tor this year? "1 %", "or line 1a", provide an explanation in Schedulo O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (who has a bank account, sources as executions account)? 5b. If "Yes," in the organization or FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5c. See enstructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5c. If "Yes," is the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c. If "Yes," is did the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Did the organization sell, exchange, or otherwise despose of tangable personal property for which it was required 7b. If "Yes," indicate the number of Forms 8282 filed during the year 7c. Did the organization charge, or otherwise despose of tangable personal property for which it was required? 8c. Did the organization received a contribution of qualided intellectual property, did the organization fere me					Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. filled for the calendary year ending with or within the year covered by this return 8b if at least one is reported on line 2a, did the organization file at required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the organization in lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required for e-rise (see instructions) 8c of the sum of lines 1a and 2a is greater than 250, you may be required the e-rise authority or e-rise and 200 and	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, do the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required for _interpretations) 3a Did the organization have unreliated business gross income of \$1,000 or more during the year? 5a Did the organization have unreliated business gross income of \$1,000 or more during the year? 5a I if Yes, *in strifted a form 900 F10 this year? If You,* for leav 2b, provide an explanation in Schedule O 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 to the financial accountry in the second organization country (such as a bank account, securities account, or other financial accountry in the second organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution or that deductible? 6c Was received to the deductible of the second or the value of the goods or services provided to the payor? 6c Did the organization receive a payment in excess of \$75 media party as a contribution of any payment or process a payment in excess to \$75 media party as a contribution of underty to goods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 8d If Yes, "Indicate the number of Forms 8822 filed during the year 9d If	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, do the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required for _interpretations) 3a Did the organization have unreliated business gross income of \$1,000 or more during the year? 5a Did the organization have unreliated business gross income of \$1,000 or more during the year? 5a I if Yes, *in strifted a form 900 F10 this year? If You,* for leav 2b, provide an explanation in Schedule O 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 to the financial accountry in the second organization country (such as a bank account, securities account, or other financial accountry in the second organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution or that deductible? 6c Was received to the deductible of the second or the value of the goods or services provided to the payor? 6c Did the organization receive a payment in excess of \$75 media party as a contribution of any payment or process a payment in excess to \$75 media party as a contribution of underty to goods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 8d If Yes, "Indicate the number of Forms 8822 filed during the year 9d If	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming]		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year anothing with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see nistructions) 3a Dt dit be organization have unreliated business gross income of St. 1000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If *No," is fine 3b, provide an explanation in Schedule O 5 If "Yes," has it filed a Form 990-T for this year? If *No," is fine 3b, provide an explanation in Schedule O 5 If "Yes," the threat the name of the foreign country. 5 If "Yes," the threat the name of the foreign country. 5 If "Yes," to line 5a or 5b, old the organization that it was on a a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5a or 5b, old the organization that it was on a a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, old the organization that it was on a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, old the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible as charitable contributions and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 9 Organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 9 Organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 9 Organizations that may receive deductibl	•			1c		
filed for the calendrary year ending with or within the year covered by this return 1	2a					
b flat least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the surn of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	24	, , ,	0			
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LIONS OF PENNSYLVANIA FOUNDATION 25-1666417 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 19 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 \mathbf{x}^{-} 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA 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 X Upon request Own website __ Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records MARK TOMCO - 610-779-4980

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949 EAST PARK DRIVE, HARRISBURG,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ED TUSTIN	1.00			.,				0		0
PRESIDENT (2) MARK TOMCO	1 00	Х		X		_	-	0.	0.	0.
TREASURER	1.00	$ \mathbf{x} $.	х				0.	0.	0.
(3) SARAH CLARK	1.00	 ^ 		_			-	<u> </u>	0.	
SECRETARY	1.00	$ \mathbf{x} $		х				0.	0.	0.
(4) ARTHUR GIRIO	1.00	1	\dashv	-		\vdash	_			
DIRECTOR		x		х				0.	0.	0.
(5) BRAD GEYER	1.00					T				
EXECUTIVE DIRECTOR		x		x		1		0.	0.	0.
(6) MARY JANE KELLER	1.00									
BOARD MEMBER		x						0.	0.	0.
(7) RODNEY SWEGER	1.00									
BOARD MEMBER		X				L.		0.	0.	0.
(8) KERRY DRAKE	1.00									-
VICE PRESIDENT		X				_		0.	0.	0.
(9) ROBERT BLAKE	1.00] [
BOARD MEMBER		X				<u> </u>	L	0.	0.	0.
(10) LESTER GOOD	1.00	1 1						_	_	_
BOARD MEMBER	ļ	X				<u> </u>		0.	0.	0.
(11) BARRY TAYLOR	1.00	1						_		_
BOARD MEMBER		Х				L		0.	0.	0.
(12) DENNIS CLARK	1.00	{ _				{				
BOARD MEMBER		Х				<u> </u>	ļ	0.	0.	0.
(13) EDWARD GURSKY	1.00						l			
BOARD MEMBER	1 00	X		_	-	├-		0.	0.	0.
(14) LINWOOD GEHRIS	1.00	ا ا			ŀ	l	ì			•
BOARD MEMBER	1 00	X				-	-	0.	0.	0.
(15) PETER DUDA	1.00	,			l			0.	0.	^
BOARD MEMBER	1.00	X	-			\vdash	┝	<u> </u>	0.	0.
(16) RICHARD TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(17) LAMCE REMIC	1.00	1			⊢	-	1	<u></u>		0.
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
POTALD FIDERDER	<u> </u>	Λ				Ц_		<u> </u>		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	I Hig	ghes	st C	ompensated Employee	s (continued)				
•	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more ti box, unless person is officer and a director.			than o s both	n an	(D) (E) Reportable Reportable compensation compensation from relation the organization		on d	an	(F) stimate nount o other spensa	of	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org an	rom the anizati d relate anizatio	on ed
	DR. DON GIBALA	1.00									_			
	D MEMBER	1 00	Х	-	_		1	-	0.		0.	<u> </u>		0.
-	KEN MIMS D MEMBER	1.00	X	[0.		0.	{		0.
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1b	Sub-total Sub-total	. _	<u> </u>	L	<u> </u>			▶	0.		0.			0.
	Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.
_ <u>d</u>	Total (add lines 1b and 1c)	<u> </u>							0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportabl	е			_
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director or to	ıcto	o ko	w on	nnlo		orl	highest compensated or	molovee on			res	NO
3	line 1a? If "Yes," complete Schedule J for		JSIE	5, NC	y en	пріо	усс,	, 01 1	nighest compensated el	ripioyee ori		3		Х
4	For any individual listed on line 1a, is the s		le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		Ť		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	or such individual	_		4		X
5	Did any person listed on line 1a receive or									dual for services		L		
	rendered to the organization? If "Yes," cor	nplete Schedul	e <i>J f</i>	or si	ıch i	oers	on					5		Х
	tion B. Independent Contractors Complete this table for your five highest co	mponeeted inc	lono	ndo	nt or	ntre	acto	rc th	ast recoved more than 9	100 000 of com	nonsa	tion fr		
1	the organization Report compensation for	-									pensa	LIOIT IIV	JIII	
	(A)				.5				(B)			((C)	
	Name and business	address	N	INC	3			_	Description of s	ervices	(ompe	nsatio	n
								\dashv			 -			
								ļ			}			
												_		
											}			
								-						_
2	Total number of independent contractors (ncluding but n	ot lir	nıter	d to	thos	وا ج	L ted	above) who received m	ore than	 			
-	\$100,000 of compensation from the organ	_	J. 111			(_		22370/ III.O 10001100 III					

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1,105. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 84,545. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 85,650. h Total. Add lines 1 a-1f Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 70,764. 70,764. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ___ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a _ d All other revenue e Total. Add lines 1 1a-11d 156,414. 70,764 Total revenue See instructions.

	Check if Schedule O contains a respons			<u>(C)</u>	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	50,351.	50,351.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	:		İ	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				<u></u>
¢	Accounting	6,250.		6,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,259.		1,259.	
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 0.) PINNACLES AND PINS	11,574.	11,574.		
	AWARD DINNER	6,053.	11,5/14	6,053.	-
	MEETING EXPENSES	5,373.		5,373.	-
	611D DT 706	1,491.	-	1,491.	
d		2,583.		2,583.	
	All other expenses Add lines 1 through 24s	84,934.	61,925.	23,009.	0.
<u>25</u> _	Joint costs Complete this line only if the organization	04,334.	01,343.	43,003.	
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here figliowing SOP 98-2 (ASC 958-720)				
	SHOWING SUP 98-2 (ASU 958-720) 1		· ·	I I	

•		Check if Schedule O contains a response or note	to any line in this Part X			
_				(A) Beginning of year		(B) End of year
\neg	1	Cash · non-interest-bearing	-	11,957.	1	12,070.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	mer officers, directors,			
		trustees, key employees, and highest compensat	ed employees Complete			
		Part II of Schedule L			_5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and spornsoring organizations of section	on 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		_6	
Assets	7	Notes and loans receivable, net			7	
۲	8	Inventories for sale or use			_8_	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less, accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,448,744.	11	1,757,566.
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	4 605
	15	Other assets See Part IV, line 11		4,250.	15	1,625.
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	1,464,951.	16	1,771,261.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	<u> </u>
	20	Tax-exempt bond liabilities	and NV of Oak and do D		20	
	21	Escrow or custodial account liability Complete F			21	
ies	22	Loans and other payables to current and former key employees, highest compensated employees				
Liabilities		Complete Part II of Schedule L	s, and disqualitied persons		22	
Lia	23	Secured mortgages and notes payable to unrelate	tod third partice		23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pay	•			
		parties, and other liabilities not included on lines				
		Schedule D	Tr 2 i, complete rain re	173,138.	25	217,366.
	26	Total liabilities. Add lines 17 through 25		173,138.	26	217,366.
		Organizations that follow SFAS 117 (ASC 958)	, check here X and			
S		complete lines 27 through 29, and lines 33 and				
ည	27	Unrestricted net assets		-1,506.	27	-14,407.
alaı	28	Temporarily restricted net assets		19,419.	28	58,352.
d B	29	Permanently restricted net assets		1,273,900.	29	1,509,950.
Ş		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🔙			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			_30	
1556	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		_31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds		_32	
Ž	33	Total net assets or fund balances		1,291,813.	_33	1,553,895.
	34	Total liabilities and net assets/fund balances		1,464,951.	34_	1,771,261.
						Form 990 (2016)

Form 990 (2016)

SCHEDULE A (Form.990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2016

Open to Public Inspection

Name of the organization

LIONS OF PENNSYLVANIA FOUNDATION

Employer identification number 25-1666417

_						•		0 100011		
Pa	rt I	Reason for Public	Charity Status(All organizations must co	omplete th	ıs part) Sı	ee instructions			
The o	organ	zation is not a private found	dation because it is (For lines 1 through 12, o	heck only	one box)		~ 0		
1		A church, convention of ch	urches, or association	on of churches described	in section	n 170(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3	一	A hospital or a cooperative					ii\			
4	一	A medical research organiz						the beentel's nome		
•			anon operated in co	injunction with a nospital	described	ini Secut	III I7O(D)(I)(A)(III). Enter	the nospital's name,		
_		city, and state						<u> </u>		
5	ш	An organization operated for		liege or university owner	or operat	ed by a go	overnmental unit describ	ed in		
	_	section 170(b)(1)(A)(iv). (0								
6	\sqsubseteq	A federal, state, or local go								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (Complete Part II)									
8	X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conji	unction with a land-grant	college		
		or university or a non-land-g								
		university				•				
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, ar	nd aross receints from		
		activities related to its exen								
		income and unrelated busin	· ·	·	٠,		• •	•		
				(less section 511 tax) it	on busines	sses acqui	red by the organization a	aiter June 30, 1975		
44	See section 509(a)(2). (Complete Part III)									
11	, , , , , , , , , , , , , , , , , , , ,									
12										
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in									
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g									
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization			majority o	of the direc	ctors or trustees of the su	upporting		
		organization You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	janization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by hav	/ing		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.		
		its supported organization	-				, ,	,		
d	Г	Type III non-functionally		•			•	zation(s)		
_		that is not functionally int					• • • • • • • • • • • • • • • • • • • •	` '		
		requirement (see instruct						7611633		
_		3								
е		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or	- '	nally integrated supporti	ng organiz	ation				
f		r the number of supported of	_							
g_		ide the following information Name of supported	about the supporte	d organization(s) (iii) Type of organization	I (iv) is the oroz	nization listed	T (v) Amount of monotons	(A		
	,,	organization	(11) 2114	(described on lines 1-10	(iv) is the orga		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
						j				
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Fotal	 1				<u> </u>					
. widi							•			

Schedule A (Form 990 or 990-EZ) 2016 LIONS OF PENNSYLVANIA FOUNDATION 25-1666

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	106,842.	111,730.	71,752.	84,776.	83,545.	458,645.
2	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	106,842.	111,730.	71,752.	84,776.	83,545.	458,645.
5	The portion of total contributions	ļ			,		
	by each person (other than a						
	governmental urnit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						458,645.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	106,842.	111,730.	71,752.	84,776.	83,545.	458,645.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	57,245.	72,970.	103,756.	86,800.	244,065.	564,836.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		:				
11	Total support. Add lines 7 through 10						1023481.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	17,171.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stor	o here	<u> </u>				>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	44.81 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	_58.27 %
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp-	orted organization				ightharpoons X
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2016. If the org	anization did not c	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	i ere. Explain in Pa	rt VI how the orgar	ization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	: - 2015. If the org	anization did not c	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd_see instructions	<u>.</u> ▶□
					Sche	dule A (Form 990	or 990-E7\ 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support <u>(e) 2</u>Ó16 (f) Total (c) 2014 (d) 2015 (a) 2012 (b) 2013 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2012 (d) 2015 (c) 2014(e) 2016 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2013 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 LIONS OF PENNSYLVANIA FOUNDATION

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Or	rganizations
------------------------------	--------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer
- (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization, made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.

	Yes	No
1_		
-'-		
2		
3a		J
3b		
3c		
4a		
] ,		
4b		
45		
-		
4c		
<u> </u>	<u> </u>	
5a		
5b		
5c		
1		
6		
7		
8		
9a		
9b		<u> </u>
9c		
==		
10a		
10b	 	
<u> IUD</u>		

Sche	dule A (Form 990 or 990-EZ) 2016 LIONS OF PENNSYLVANIA FOUNDATION 25-16	6641	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.63	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
ŭ	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?			
		11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	L	
Sec	tion b. Type i supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of type in oupporting organizations			
_	Where a manager of the agreement and advantage and a standard leading to the latest a		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ŀ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
٠	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	• •			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b	\vdash	
3	Parent of Supported Organizations. Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		├	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	l l	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Sche Pa i	dule A (Form 990 or 990-EZ) 2016 LIONS OF PENNSYLVANIA F			25-1666417 Page 6
	Type in reen raneticitary integrated cos(a)(c) cupper in			D-+1/(1) O
. 1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	• •	Part VI) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must come	ompiete Sec	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_ <u></u>	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_ <u>-</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	-	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2016

Scher Par	dule A (Form 990 or 990-EZ) 2016 LIONS OF PENN		ni-oliona	25- <u>1666417 Page 7</u>
<u> </u>	. Type in item i ameticiany integrated coo	(a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	-
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
<u>7</u>	Total annual distributions. Add lines 1 through 6	<u> </u>		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9 10	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(1)	(i.)	f:::\
		(i) Excess Distributions	(iı) Underdistributıons	(iii) Distributable
3ecti	on E - Distribution Allocations (see instructions)	LACESS DISTIBUTIONS	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-		-	
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a	Stood demonstration of the stood of the stoo			
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			-
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2016 from Section D.			
	line 7 \$			
а	Applied to underdistributions of prior years		× • • ·	
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016	LIONS	OF	PENNS	SYLVANI	[A	FOUNDATION_		25-166641	7 Page 8
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec Section D, lines 5,	Inforn Ines 1, Ines 1, Ines 1, Ines Ines 1, Ines	nation. P 2, 3b, 3c, 4 nes 2 and 3	rovide b, 4c, 3: Part	the explai 5a, 6, 9a, IV. Section	nations requ 9b, 9c, 11a, n E. lines 1c,	red l 11b, 2a,	by Part II, line 10; Part I and 11c, Part IV, Secti 2b, 3a, and 3b; Part V, o complete this part fo	ion B, lines 1 line 1, Part V	17b, Part III, line 12, and 2, Part IV, Secti , Section B, line 1e, I	on C,
	(See instructions)	ı									
											<u>-</u> .
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name of the organization

LIONS OF PENNSYLVANIA FOUNDATION

Employer identification number

25-1666417 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990. Part VIII. line 1 b Assets included in Form 990, Part X

_		F PENNSYLV				241		<u> 25-16</u>			ige 2
Pai	t III Organizations Maintaining C									_	
, з	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that a	re a sign	nificant u	se of its c	ollection	items	
	(check all that apply)										
а	Public exhibition	•			hange program	IS					
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organization'	s exemp	ot purpo:	se in Part	XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or other s	sımılar a	ssets	_	_		
-	to be sold to raise funds rather than to be ma								Yes		No
Pai	Escrow and Custodial Arran		ete if the	organizatio	n answered "Ye	es" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	<u>.</u>									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other asset	s not inc	cluded		_		
	on Form 990, Part X?								_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
1	Ending balance	000 5 4 7 4					1f				
	Did the organization include an amount on Fo		•			•	,,	L	」Yes	닏	No
Pai	t V Endowment Funds. Complete										
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Current year		Prior year	(c) Two years			ears back	(a) Four	woore t	naok
10	Beginning of year balance	(a) Current year	(6) F	rior year	(c) Iwo years i	Dack (C	i) mee y	ears back	(e) Four	years L	Jack
	Contributions				-	- 			 		
	Net investment earnings, gains, and losses		-						-		
٦	Grants or scholarships										
	Other expenditures for facilities										-
C	and programs										
4	Administrative expenses				<u> </u>	- -					
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1d	a column (a)	N held as						
a	Board designated or quasi-endowment	om your one balanc	% %	g, 001011111 (u)	,,						
	Permanent endowment	 %									
	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administered	for the	organiza	ation			
	by:	ŭ					J		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requii	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a S	ee Form 990, P	art X, Iır	ne 10				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acc	cumulate	ed .	(d) Book	value	,
		basis (investr	nent)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements							\longrightarrow			
d	Equipment										
	Other										
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X. colun	nn (B), line 16	0c.)			ightharpoonup			0.

	NNSYLVANIA FO	UNDATION	25-1666	417 Page
Part VII Investments - Other Securities.	5 000 D + 84 L + 1	441- O F 000 D-4 V	L	
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value		n Cost or end-of-year m	arket value
(a) Description of security or category (including name of security)	(b) Book value	(C) WEITIOU OF VARIABLION	- Cost of end-of-year in	arket value
(1) Financial derivatives		 		
(2) Closely-held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			-	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			<u></u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part X,	line 13	
(a) Description of investment	(b) Book value		n Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)			<u> </u>	
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets.	F 000 D-+ N/ I	444 0 F 000 D-4V	han 15	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 110 See Form 990, Part X,		Book value
<u></u>	Description		(6)	JOOK VAIGE
(1)	**-	·		
(2)		•		
(4)		<u></u>		
(5)				
(6)				
(7)				
(8)		•		
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line	15.)		•	
Part X Other Liabilities.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Form 990, F	Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO TRUST AND OTHER				
(3) ORGANIZATIONS		196,758.		
(4) DUE TO LOCAL LIONS CLUB		20,608.		
(5)				
(6)	1			

(7) (8) (9) 217,366. Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2016 LIONS OF PENNSYLVANIA FO		25-1666417 Page
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements	**	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	_1
C	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	Zu	
	Subtract line 2e from line 1		3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3
4	· · · · · · · · · · · · · · · · · · ·	1.1	1 1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Aliah Famanaa	5
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		9
	Investment expenses not included on Form 990, Part Vill, line 7b	40	
a	•	4a	
b	Other (Describe in Part XIII)	4b	- -
	A dialogue a diagonal at		1 4 1
	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	1	4c 5
5 Pa			5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	5

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

OMB No 1545-0047	2016	Open to Public Inspection
	_	

Employer identification number

25-1666417

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

LIONS OF PENNSYLVANIA FOUNDATION

General Information on Grants and Assistance

Part

Schedule I (Form 990) (2016) å SUPPORT LOCAL LIONS CLUB SUPPORT LOCAL LIONS CLUB SUPPORT LOCAL LIONS CLUB (h) Purpose of grant COMMUNITY PROJECTS or assistance COMMUNITY PROJECT COMMUNITY PROJECT X Yes 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ς. ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 5 000. (d) Amount of 8,812, 13,500, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 25-1302345 501 (C)(3) 25-6065295 501 (C)(4) 501 (C)(4) Enter total number of other organizations listed in the line 1 table 25-6066069 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization BENTLEYVILLE PUBLIC LIBRARY GREENE TOWNSHIP LIONS CLUB or government BENTLEYVILLE, PA 15314 SALTSBURG LIONS CLUB SALTSBURG, PA 15681 711 SALT STREET 931 MAIN STREET ERIE, PA 16514 PO BOX 10001 Part II

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 25-1666417 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2016) LIONS OF PENNSYLVANIA FOUNDATION

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

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) 632102 11-01-16

Part III

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.

Employer identification number

OMB No 1545-0047

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

Open to Public Inspection

LIONS OF PENNSYLVANIA FOUNDATION 25-1666417 FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PRESENTED TO THE OFFICERS FOR REVIEW PRIOR TO BEING FILED WITH THE IRS. ANY ISSUES ARE DISCUSSED AND REVISED BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS CONFLICTS OF INTEREST BY REQUIRING ALL BOARD MEMBERS TO SUBMIT AND SIGN AN ANNUAL CONFLICT OF INTEREST FORM AT WHICH POINT THE FORM IS REVIEWED BY THE BOARD AND ALL CONFLICTS ARE NOTED AND REVIEWED. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON INDIVIDUAL REQUEST