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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2017

B (Check if applicable)

- ☐ Address change
☐ Name change
☐ Initial return
☐ First return/return required
☐ Amended return
☐ Application pending

C Name of organization

International Association of Lions Clubs

7020

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

PO Box 348

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

Leavenworth, Kansas 66048

D Employer identification number

48-611625

E Telephone number

913 306-2178

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

I Website: _____

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

1	Contributions, gifts, grants, and similar amounts received	1	1054
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	15758
4	Investment income	4	39
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	69579
6c	Less: direct expenses from gaming and fundraising events	6c	54870
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14709
7a	Gross sales of inventory, less returns and allowances	7a	1175
7b	Less: cost of goods sold	7b	1115
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	60
8	Other revenue (describe in Schedule O)	8	35948
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67568
10	Grants and similar amounts paid (list in Schedule O)	10	15095
11	Benefits paid to or for members	11	32195
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	190
14	Occupancy, rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	1755
16	Other expenses (describe in Schedule O)	16	12485
17	Total expenses. Add lines 10 through 16	17	61700
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5868
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	38266
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44134

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642J

Form 990-EZ (2010)

MAY 16 2018

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	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40314	22 36499
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	5880	24 7635
25 Total assets	38266	25 40699
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38266	27 44134

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

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

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

28	Sight programs both local and through Kansas State Lions and Lions Club International		
29	Community programs supporting food, sports and civic outreach. Twelve different programs		
30	Scholarship programs supporting high school seniors.		
31	Other program services (describe in Schedule O)		
32	Total program service expenses (add lines 28a through 31a)		

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one over) If not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Compensation (Forms W-2/1040-MSC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jan Horvath President	3	0	0	0
Eric Balonstien 1st Vice President	3	0	0	0
John Havens Secretary	4	0	0	0
Carol Sharp Asst. Secretary	2	0	0	0
Phil Chiles Asst. Secretary	2	0	0	0
Bob Euler Treasurer	4	0	0	0
Debra Weaverling Asst. Treasurer	1	0	0	0
Gary Cotsun Asst. Treasurer	2	0	0	0
Jack Walker Director	1	0	0	0
Sam Maxwell Director	1	0	0	0
Steve Wood Director	1	0	0	0
Wess Henning 2nd Vice President	2	0	0	0

Yes No

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

33

✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34

✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a

✓

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b

✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c

✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36

✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0

37b

✓

b Did the organization file Form 1120-POL for this year?

38a

✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b

✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶

b Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b

✓

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8880-T

40c

✓

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ Bob Euler

Telephone no. ▶ 913 651-3683

Located at ▶ 3019 Grand Ave. Leavenworth, KS

ZIP + 4 ▶ 66048

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

✓

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States?

42c

✓

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a

✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b

✓

c Did the organization receive any payments for indoor tanning services during the year?

44c

✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a

✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b

✓

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

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

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

- | | Yes | No |
|---|-----|-------------------------------------|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | ☒ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | ☒ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | ☒ |
| b If "Yes," was the related organization a section 527 organization? | | ☒ |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 0

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 0

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

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

Sign Here ☒ Signature of officer Robert W Euler Date 5/9/2018 COPY

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PIN Firm's name Firm's EIN Firm's address Phone no.

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

Original Date 8/25/2017

Name of the organization

International Association of Lions Clubs, Leavenworth Kansas Club

Employer identification number

48-6116253

Line 8: Lists member meal payments

Line 10: Eighteen students were given scholarships

Line 16: Dues paid by our club to the state and national organizations

Line 24: Accounts receivable

Line 44c: We did not maintain donor funds or operate a hospital or nursing service. Thus we did not file For 720.

Name of the organization

International Association of Lions, Leavenworth Kansas Club

Employer identification number

48-6116253

Line 8: Less: member meal payments

Line 10: Twenty four students were given scholarships

Line 16: Dues paid by our club to the state and national organization

Line 24: Accounts receivable

Line 44: We did not maintain donor fund or operate a hospital or nursing service. Thus we did not file Form 720.