DLN: 93492132000368 **Short Form** OMB No 1545-1150 Form 990-EZ **Return of Organization Exempt From Income Tax** 2016 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 Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service A For the 2016 calendar year, or tax year beginning 07-01-2016 and ending 06-30-2017 **B** Check if applicable C Name of organization D Employer identification number INTERNATIONAL ASSOCIATION OF LIONS -☐ Address change ALEXANDRIA 72-6023264 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 82 FOXFIRE LANE ☐ Final return/terminated (318) 442-8781 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return ALEXANDRIA, LA 71302 F Group Exemption ☐ Application pending Number

Form 990-EZ (2016)			Page 2
Part II Balance Sheets (see the instructions for Part II)	D		
Check if the organization used Schedule O to respond to any question in this			
22 Cash, savings, and investments	(A) Beginning of year 40,891	22	(B) End of year 47,298
23 Land and buildings	40,691	23	47,290
24 Other assets (describe in Schedule O)		24	
25 Total assets	40,891		47,298
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40.891	_	47.298
2. (CT) BEAUTY, JENET ROLL SERVICE CO.	INITE		12 - 24 4
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Form 99	90-EZ (2016)			Page 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33 D	old the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	etailed description of each activity in Schedule O	33		No
34. W	ere any significant changes made to the organizing or governing documents? If "Yes " attach a conformed copy			
!				
				ı
•	A 16			
			000 5	(2016)
		FORM	990-E2	Z (2016)

orm	990-EZ (2016)							Page 4
								Yes	No
		organization engage, directly or indirectes for public office? If "Yes," complete					46		No
Part	— А	ection 501(c)(3) organization II section 501(c)(3) organizations	must answer quest	ions 47-49b and	52, and co	omplete the table	s for li	nes 50	and 51
	C	heck if the organization used Schedule	O to respond to any o	question in this Part	VI			Yes	□ No
		organization engage in lobbying activiti complete Schedule C, Part II	les or have a section 5	01(h) election in eff	fect during	the tax year?	47		
	,	· ·					48		
		ganization a school as described in sec	. , , , , , , ,				49a		
		organization make any transfers to an	•	related organization	on?		49b		
		was the related organization a section	-						
50		e this table for the organization's five has received more than \$100,000 of com					and key	employ	/ees)
	(a) Na	me and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	contril 9- be) Health benefits, butions to employee enefit plans, and rred compensation			d amount ensation
				Hisey	dere	Ted compensation			
f	Total n	umber of other employees paid over \$	100.000			•	<u> </u>		
		e this table for the organization's five h		ndependent contract	tors who ea	ach received more th	nan \$10	0,000 c	—— of
	compens	ation from the organization. If there is	<u> </u>	•					
		(a) Name and business address of e	ach independent contr	actor	(b) Ty	pe of service (c) Comp	ensatioi	1
									_
d	Total n	umber of other independent contractor	rs each receiving over	\$100,000		• _			
52	Did the	e organization complete Schedule A? N	NOTE. All Section 501(c)(3) organizations	must attac	h a			
	comple	eted Schedule A				<u> </u>	Ye	es 🗆	No
cnowl		s of perjury, I declare that I have exan belief, it is true, correct, and complete dge							
	lk .	*****			I	2010 05 12			
Sign		Signature of officer				2018-05-12 Date			
lere	1 7	ames N Ballard SECRETARY-TREASURER							
		Type or print name and title Print/Type preparer's name	Preparer's signature	In	Date	- I PTIN			
Paic	1	Fillity Type preparer 3 haine	Freparer's signature			Check if self-employed			
	arer	Firm's name	•	l		Firm's EIN ▶			
Jse	Only	Firm's address ▶				Phone no			
اځ بردا <i>ا</i>	ne IBS die	scribe this return with the preparer cho	wn shove? See instruc	tions		ь г	عملا	□ Na	

Additional Data

28

(Grants \$ 16,880)

Software ID:

Software Version:

EIN: 72-6023264

Name: INTERNATIONAL ASSOCIATION OF LIONS -

If this amount includes foreign grants, check here \ldots \blacktriangleright \Box

ALEXANDRIA

FREE CAMPING TO OVER 550 MENTALLY AND PHYSICALLY CHALLEGENED YOUTH ANNUALLY

Form 990EZ, Part III - Statement of Program Service Accomplishments		
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.) (c	Expense quired for sec ()(3) and 501 ganizations; for others

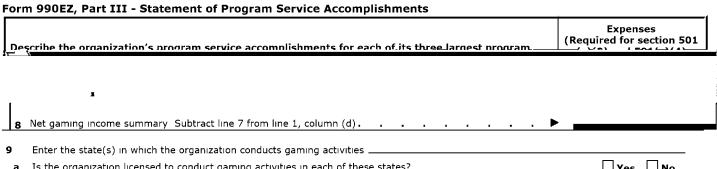
SUPPORT CONTRIBUTIONS TO THE LOUISIANA LIONS LEAGUE FOR CRIPPLE CHILDREN (LLLCC) LLLCC PROVIDES

ection 501

01(c)(4) optional

rs.)

28a



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 organizations; optional

Form 990EZ, Part III - Statement of Program Service Accomplishments

	number of persons benefited, and oth		for others.)		
1	30		30a		0
ı	LIONS CLUB INTERNATIONAL FOUNDATION	ON - PROVIDES SUPPORT TO LIONS CLUB SERVICE PROJECTS AT THE			
ı	STATE, NATIONAL, AND INTERNATIONAL	LEVEL			
ı	(Grants \$ 1,000) If	f this amount includes foreign grants, check here \blacktriangleright \Box			

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.	501	Expenses Required for section 1(c)(3) and 501(c)(4) ganizations; optional for others.)
APIOLIS LOCAL SERVICE PROJECTS - PROVIDES SUPPORT FOR VISION AND VOLTH PROJECTS		^

DLN: 93492132000368

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract. SCHEDULE G

(Form 990 or 990-EZ)

DLN: 93492132000368 OMB No 1545-0047

2016

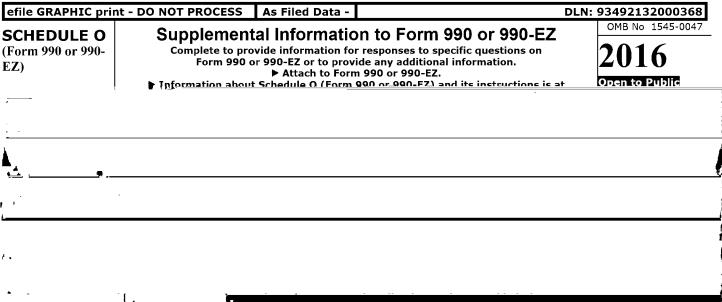
Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15 000 on Form 000-57 June 50

Return Reference	Explanation
Form 990- EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification FREE Camping for mentally and physically challengned children Grantee Name Louisiana Lions League for Cripple Children Grantee Address 292 L Beauford Dr Anacoco, LA 71403 Property Description CASH Amount Given 16,880

Col (c) FUNDRAISER (event type) Col (c)		than \$15,000 of fundraising e gross receipts greater than \$		1033 Medine on Form	750 EZ, III es 1 ana 0	b. List events with
2 Less Contributions	Reversie		FUNRASING RAFFLE	GUMBO FUNDRAISER	3	Total events (add col (a) through
3 Gross income (line 1 minus line 2)	1	. Gross receipts	36,700	5,754	8,523	50,97
4 Cash prizes		Gross income (line 1 minus	36,700	5.754	8.523	50,97
5 Noncash prizes	4	·		5,	5,525	15,000
6 Rent/facility costs					198	198
8 Entertainment 9 Other direct expenses	ses 6				130	
8 Entertainment 9 Other direct expenses	į ,					
9 Other direct expenses	[]	_				
10 Direct expense summary Add lines 4 through 9 in column (d)						
11 Net_income summarv_Subtract line_10_from_line_3, column (d)	- 1	•		1,156		3,17
					•	18,37
	1					
	<u></u>					
r						
			L			
7						
7						
	7					

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember:	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			anization 🕨 \$ and th	e			
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name ►						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hildsymbol{ ho}$ \$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□No	
b	·		uted to other exempt organizations or spent				
В-	in the organization's own exempt activ			- (···) -	and (\. n	ad Dawt	
Pal		l5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201





Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990-	Activity Classification FREE VISION SERVICES TO LOW INCOME ADULTS AND CHILDREN Grantee N
EZ, Part I,	ame IOUISIANA LIONS EYE FOUNDATION Grantee Address 2020 GRAVIER STREET, SUITE B NEW ORL
Line 10 -	EANS, LA 70112 Property Description CASH Amount Given 11,750
Grants and	
Sımılar	
Amounts	
Paid	

990 Schedule O, Supplemental Information **Explanation** Return Reference Activity Classification NATIONAL AND INTERNATIONAL LIONS PROJECTS Grantee Name LIONS CL Form 990-EZ_Part_ LIB.INTERNATIONAL FOUNDATION. Grantee Address. 300.WEST 22ND STREET OAK BROOK. II. 60523. Pr.

Return Explanation

990 Schedule O, Supplemental Information

	Form 990-	Activity Classification VARIONS LOCAL PROJECTS - VISION and youth RELATED Grantee Name
	EZ, Part I,	VARIOUS LOCAL PROJECTS Property Description CASH Amount Given 3,823 Total included on
	Line 10 -	Form 990-EZ, line 10 33,453
	Grants and	
	Sımılar	
l	Amounts	
l	Paid	

