


Form 990-EZ  Department of the Treasury Internal Revenue Service	Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ 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 .	OMB No 1545-1150 2016 Open to Public Inspection
	A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017	

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL ASSOCIATION OF LIONS - ALEXANDRIA	D Employer identification number 72-6023264
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 82 FOXFIRE LANE	E Telephone number (318) 442-8781
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, LA 71302	F Group Exemption Number ▶

<input type="checkbox"/> If the organization is not

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	40,891	22	47,298
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	40,891	25	47,298
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)	40,891	27	47,298

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy		

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

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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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

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

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

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

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

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

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

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

Sign Here	***** Signature of officer		2018-05-12 Date	
	James N Ballard SECRETARY-TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶			Phone no

Additional Data

Software ID:

Software Version:

EIN: 72-6023264

Name: INTERNATIONAL ASSOCIATION OF LIONS -
ALEXANDRIA

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SUPPORT CONTRIBUTIONS TO THE LOUISIANA LIONS LEAGUE FOR CRIPPLE CHILDREN (LLLCC) LLLCC PROVIDES FREE CAMPING TO OVER 550 MENTALLY AND PHYSICALLY CHALLENGED YOUTH ANNUALLY (Grants \$ 16,880) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	0

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

Describe the organization's program service accomplishments for each of its three largest program _____	Expenses (Required for section 501
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8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶
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9 Enter the state(s) in which the organization conducts gaming activities _____

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>30</div> <div>LIONS CLUB INTERNATIONAL FOUNDATION - PROVIDES SUPPORT TO LIONS CLUB SERVICE PROJECTS AT THE STATE, NATIONAL, AND INTERNATIONAL LEVEL</div> <div>(Grants \$ 1,000)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>30a</div> <div>0</div>

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
VARIOUS LOCAL SERVICE PROJECTS - PROVIDES SUPPORT FOR VISION AND YOUTH PROJECTS	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: INTERNATIONAL ASSOCIATION OF LIONS -
ALEXANDRIA

EIN: 72-6023264

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.

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification FREE Camping for mentally and physically challenged 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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 FUNRASING RAFFLE (event type)	(b) Event #2 GUMBO FUNDRAISER (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	36,700	5,754	8,523	50,977
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	36,700	5,754	8,523	50,977
Direct Expenses	4 Cash prizes	15,000			15,000
	5 Noncash prizes			198	198
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	584	1,156	1,439	3,179
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				18,377
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				32,600

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

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

2016**Open to Public**

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification FREE VISION SERVICES TO LOW INCOME ADULTS AND CHILDREN Grantee Name LOUISIANA LIONS EYE FOUNDATION Grantee Address 2020 GRAVIER STREET, SUITE B NEW ORLEANS, LA 70112 Property Description CASH Amount Given 11,750

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I	Activity Classification NATIONAL AND INTERNATIONAL LIONS PROJECTS Grantee Name LIONS CL LUB INTERNATIONAL FOUNDATION Grantee Address 300 WEST 22ND STREET, OAK BROOK, IL 60523 Pr

990 Schedule O, Supplemental Information

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

