

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2016

Department of the Treasury

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 and its instructions is at www.irs.gov/form990.

Open to Public

		Revenue			<u> </u>													<u> </u>			7,
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1_	_		npt status		501(c)(3)	X 50	01(c) (	4	_ ) < _	(insert no	<u>)</u>	4947(a)	(1) or	527	4						
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<u>ië</u>	ĺ	5 Tot	al number	of in	ndividuals	emplo	yed in	calend	lar yea	ar 2016	(Part V	, line 2a	)					5			
Activities &		6 Tot	al number	of v	olunteers	(estim	ate if n	ecess	ary).									6			16
Ą	1	7a Tot	al unrelate	d bu	usiness re	venue	from F	art VII	l, colu	mn (C),	line 12	٠						7a			0.
		b Net	t unrelated	bus	iness tax	able inc	come f	rom Fo	orm 99	0-T, line	e 34							7b			0.
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136	1	6a Pro	ofessional f	undi	raising fee	es (Par	t IX, co	olumn	(A), lın	e 11e)											
Expenses		b Tot	al fundrais	ıng e	expenses	(Part I	X, colu	ımn (D	), line	25) ►				0		* J: *	$MM_{2}$	8 JK	<i>````</i> }``.	# #.	J. 4,
Ω	1	7 Oth	ner expens	es (F	Part IX co	i olumn i	(A) line	es 11a	-11d ·	11f-24e)	· -				-		16,				855.
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Unde	er po	enalties o	f perjury, I dec	dare t	hat I have ex	camined	this retur	n, includi	ng acco	mpanying	schedule	s and state	ements,	and to the	best	of my knov	wledge and b	elief it is	true, correct,	and	
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Form 990 (2016)

-oum aan (50.19) BOOKE LIONS CLUB		72-6055796 Page 2
Part III Statement of Program Servi	ce Accomplishments	L-1
Check if Schedule O contains a respo	nse or note to any line in this Part III	
<ol> <li>Briefly describe the organization's mission</li> </ol>		
ORGANIZATION CARRIES ON GAM	MING	
ACTIVITIES TO RAISE FUNDS 1	FOR OPERATION OF PHYSICAL PLANT AND	
See Form 990, Page 2, Part III, Line 1 (contil		
2 Did the organization undertake any significan	t program services during the year which were not listed on the	e prior
If 'Yes,' describe these new services on Sche		
		es? Yes 🔀 No
	ke significant changes in how it conducts, any program service	es? Yes X No
If 'Yes,' describe these changes on Schedule		
4 Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations	accomplishments for each of its three largest program services are required to report the amount of grants and allocations to	others the total expenses
and revenue, if any, for each program service	e reported	others, the total expenses,
4 a (Code ) (Expenses \$	17,891. including grants of \$ 17,891.)	(Revenue \$ 0.)
<del></del>	<del></del>	(Nevenue \$)
CONTRIBUTIONS TO VARIOUS L.	ION'S CHARITIES & ACTIVITIES	
<del></del>	<del></del>	
<b>4 b</b> (Code) (Expenses \$	12,470. including grants of $\$$ 12,470.)	(Revenue \$)
CONTRIBUTIONS TO LOCAL AND	NATIONAL CHARITIES & ACTIVITIES	
~		
~		
~		
4 c (Code) (Expenses \$	including grants of \$)	(Revenue \$)
~		
4 d Other program services (Describe in Schedul	e O )	
	cluding grants of \$ ) (Revenue	s )
\EXPC11000 Y		<u>'</u>
4 e Total program service expenses ►	30,361.	

Page 3 Form 990 (2016) BOURG LIONS CLUB 72-6055796 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 3 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . 5 Χ 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, 6 Χ 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III. . . . . . 8 Χ 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 Χ 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, 11 or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11 b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Χ 11 c 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 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . Χ 12 h Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . . Χ 14a 14b Χ 15 Χ Χ 16 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 (see instructions) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х Form **990** (2016) TEEA0103 11/16/16

BAA

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20a Χ b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b 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 . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Χ 22 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 23 Χ Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 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 . . . . . . . . Χ 25a 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 25b Χ Χ 26 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) ú Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Χ 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . . . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ Schedule N. Part II . . . . . . . 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 Χ 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 

37

Χ

Part V\_Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . . 1 a 0 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . 224 2 b 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 instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3 a Χ b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . b if 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Χ 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). A a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . . . . . 7 d ŵ. e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e Х X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 33.17.... 22 8 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. . . . 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10 b 11 Section 501(c)(12) organizations. Enter 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 13b 

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . . . .

FOIIII	1990 (5010) BOOKG TIONS CEOR 15-0022130			age o
Par	<b>TVI</b> Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI			. [X]
Sec	tion A. Governing Body and Management	_		
		-	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
2 2	Description Enter the number of voting members included in line 1a, above, who are independent	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	X	
6 7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	X	
		<u> </u>		
b	o Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			# !}
	a The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10a	_	Х
	of '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?	10 ь		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 1	* · · · · · · · · · · · · · · · · · · ·	<i>)</i>
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	% ~ <i>?</i>	l x *
	Described the organization regions of the control of the control of the conflicts of the conflict of the conflic	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i>	12 c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?		-	Х
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?			
а	a The organization's CEO, Executive Director, or top management official	15a	on assabati	X
	o Other officers or key employees of the organization			Х
_	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	773 3		
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	r i i	X
t	olf '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			** :
<del></del> -	organization's exempt status with respect to such arrangements?	16 b		Щ_
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Louisiana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	– – – availal	 ole	<b>-</b>
10	for public inspection Indicate how you made these available Check all that apply  Own website  Another's website  Other (explain in Schedule O)	J 1101		
19		le to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records  RANDOLPH BASCLE 111 RETREAT DRIVE BOURG LA 70343-3414 (9)	8 <u>5)</u>	594-	4810

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Form 990 (2016) BOURG LIONS CLUB	72-6055796	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employees,	and
Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	<u> L</u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation	ated Employees	
1 a Complete this table for all persons required to be listed Report compensation for the calendar year endi	ing with or within the	
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations),</li> <li>compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid</li> </ul>	, regardless of amount of	
• List all of the organization's current key employees, if any. See instructions for definition of 'key employees,	oyee '	
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, tr who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than organization and any related organizations</li> </ul>	rustee, or key employee) a \$100,000 from the	

• 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

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

				(C)						
(A) Name and Title	(B) Average hours per	Pos Than	ition ( one l both dire	do no box, u an o ector/	truste	ck mor perso and a e)		(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	wook	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CURRY MATHERNE PRESIDENT	_5.00			Х				0.	0.	0.
(2) LERYES USIE SECRETARY	_3.00	<u> </u>	,	X				0.	0.	0.
(3) DOUGLAS BASCLE TREASURER	_4.00			Х				0.	0.	0.
(4)										
(5)										
(6)										
(7)										-
(8)										
(9)										
10)									-	
11)										
12)										
13)										
(14)			-							

(A) Name and title	(B)  Average hours per	(do	not ch	Posi heck ss pe	ition more rson i	than or s both a	ne an	(D) Reportable compensation from	(E)  Reportable compensation from	amou	(F)	
-	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr orga and	pensation om the anization d related anization	ı
(15)						i						
(16)	. – – – –											
(17)												_
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)											· <del>-</del> -	
(25)				-								
1 b Sub-total	on A					٠. ١	<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ▶							ive			mpensa	tion	
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	or trustee	e, key	em <sub>l</sub>	ploy	ee,	or hig	hes	st compensated en	nployee	. 3	Yes	No * : si X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	nan \$150,	000?	If 'Y	es, '	con	plete	Sc	hedule J for		. 4		X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or										. 5	∴ 24.	X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization Report compe	ed indepe	nden r the	t cor	ntrac	ctors	that	rece	eived more than \$	100,000 of	ear		
(A) Name and business addre								(B Description of	)		C) nsatio	n
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	ose	liste	ed abo	ove	) who received mo	ore than			

		Check if Schedule O c	ontains a respor	se or note to any li	ne in this Part VIII .		<u>.</u>	[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Sifts, Grants ar Amounts	b	Federated campaigns . Membership dues Fundraising events Related organizations .	1b	688.				
Contributions, Gifts, Grants and Other Similar Amounts	f	Government grants (contribution All other contributions, gifts, grammlar amounts not included a Noncash contributions include	rants, and above	1,785.				
<u>පි</u>	_ h	Total. Add lines 1a-1f	<u> </u>	<u></u> . •	2,473.			
Te .		<del></del>		Business Code		2.		
Program Service Revenue	2 a b c d							
8	f	All other program service	revenue		l			}
č	g	Total. Add lines 2a-2f .						
,	3	Investment income (incluother similar amounts) . Income from investment	of tax-exempt be	ond proceeds >	011.	814.	0.	0.
	5	Royalties						
		(i) Real  5 a Gross rents		(ii) Personal				
		Rental income or (loss)	510	<del> </del>				
			510			4		This had the
		Net rental income or (los			510.	510.	0.	0.
		Gross amount from sales of assets other than inventory  Less cost or other basis	(i) Securities	(ii) Other 10,709.				
	С	and sales expenses Gain or (loss)		0. 10,709.				
	d	Net gain or (loss)		. <u> </u>	10,709.	0.	0.	10,709.
evenue	8 a	Gross income from fundr (not including. \$	on line 1c)					
Other Reven		See Part IV, line 18 Less direct expenses . Net income or (loss) from	1					
		Gross income from gami See Part IV, line 19		284,424.				
	b	Less direct expenses .		240,897.			<u> Zažilaii</u>	
	С	Net income or (loss) from	n gaming activitie	s <u></u> <u></u> ▶	43,527.	43,527.	0.	0.
		Gross sales of inventory, and allowances Less cost of goods sold		4,513.				
	С	Net income or (loss) from	sales of invento	ory ▶	4,513.	4,513.	L 0.	L 0.
		Miscellaneous Revenu		Business Code				
	11 a	0			0.	0.	0.	0.
	b			0	0.	0.	0.	0.
		¥		<u> </u>	1	·		<del>                                     </del>
	,	All other revenue				<del> </del>		<del>-</del>
i	_	Total. Add lines 11a-11d	<u>_</u>			977 P. S. SE 17, SEC.		
	1				0.	<del></del>		· · · · · · · · · · · · · · · · · · ·
	12	Total revenue. See instr	uctions	<del>&gt;</del>	<u>62,546.</u>	49,364.	<u> </u>	10,709.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a re-	sponse or note to any lin	ie in this Part IX	<u></u>	
	not include amounts reported on lines 7b, 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	30,361.	30,361.		
2	Grants and other assistance to domestic individuals. 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 5	Benefits paid to or for members				
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	· <del>-</del>			
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)				
á	Management				
ı	Legal	35.	0.	35.	0.
	Accounting	400.	0.	400.	0.
(	Lobbying				
	Professional fundraising services See Part IV, line 17		16 1 dy 17 is 1		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses				
14	Information technology				-
15	Royalties		0	26 750	
16 17	Travel	•	0.	26,758.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,741.	0.	7,741.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	718.	0.	718.	0.
23 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 O)				
a	DUES	1,116.	0.	1,116.	0.
	SUPPLIES	290.	_0.	290.	0.
	TAXES	688.	0.	688.	0.
	OFFICE	109.	0.	109.	0.
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	68,216.	30,361.	37,855.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Fig. 1 (ASC 958-720)				

72-6055796

Form 990 (2016) BOURG LIONS CLUB

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,021.	1	1,848.
	2	Savings and temporary cash investments	193,674.	2	195,185.
	3	Pledges and grants receivable, net		3	
_[_	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
Ì	b	Less accumulated depreciation	11,008.	10 c	10,000.
	11	Investments – publicly traded securities	11,000.	11	107000:
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	206,703.	16	207,033.
$\neg \dagger$	17	Accounts payable and accrued expenses	200,703.	17	201,033.
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	
ľ	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	0.	26	0.
S		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
일	~~	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		<u></u>	Million
<u>ā</u>	27	Temporarily restricted net assets		27	
B	28		<del></del>	28	<del></del>
밑	29	Permanently restricted net assets	/ 18.8 S . N . S . 18.0 B	29	4 * 1 4 4 - 1
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
ğ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	206,703.	32	207,033.
Ę	33	Total net assets or fund balances	206,703.	33	207,033.
	34	Total liabilities and net assets/fund balances	206,703.	34	207,033.

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Forn	n 990 (2016) BOURG LIONS CLUB 72	<u>-6</u> 055	796_	F	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> .</u>	<u></u>	🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62,	546.
2	Total expenses (must equal Part IX, column (A), line 25)	2		68,	216.
3	Revenue less expenses Subtract line 2 from line 1	3		<b>-</b> 5,	670.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		206,	703.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	. 6			
7	Investment expenses				
8	Prior period adjustments	. 8			
9-	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)).	· 10	L	201,	033.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · <u>·</u>		
			_	Ye	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[.		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		(	. 1 3	"
	in Schedule O				
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a X	:
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or	а	,		
	separate basis, consolidated basis, or both				
	X   Separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				31
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				1
				! E     E	
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,		2c >	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	**	3 a	X
	b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	· · ·		<del>                                     </del>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 ь	
BAA				orm 990	(2016)
					, <i>-</i>

	rt II-B: Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	For	m 57	68		
		(a	1)		(b)		
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description to lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
	a Volunteers?					Y3 🗞	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						1
-	c Media advertisements?						_
	d Mailings to members, legislators, or the public?						
	e Publications, or published or broadcast statements?						
	f Grants to other organizations for lobbying purposes?						
	g Direct contact with legislators, their staffs, government officials, or a legislative body?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	i Other activities?						
	j Total Add lines 1c through 1i						
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				Y MANY 7.		
	b If 'Yes,' enter the amount of any tax incurred under section 4912						
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		Lá.	_			
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			T.	1, 3, 2	£ - ?.'	14
Pa	rt·III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ear? .			3		Χ
Pa	rt:III-B* Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	sectione :	on 50 3, is	1(c)	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	a Current year		2 a				
	<b>b</b> Carryover from last year		2 b				
	c Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

5

Part III Organizations Mainta	ining Colle	ections of A	<u>Art, Histori</u>	<u>cal Treasures, o</u>	<u>r Other Similar Ass</u>	ets (c	<u>ontınu</u>	<u>ed)</u>
3 Using the organization's acquisitio items (check all that apply)	n, accession,	and other reco	rds, check an	y of the following that	t are a significant use of its	s collec	ion	
a Public exhibition		d	Loan or e	exchange programs				
b Scholarly research		е	Other					
c Preservation for future genera								
4 Provide a description of the organi Part XIII	zation's collec	tions and expl	ain how they t	further the organization	on's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	n to be mainta	ained as part o	f the organiza	ition's collection?		Yes		No
Escrow and Custodia line 9, or reported an a	mount on F	orm 990, P	iplete if the art X, line 2	organization ans	swered 'Yes' on Form	990,	Part IV ———	, 
1 a Is the organization an agent, truste on Form 990, Part X2						Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and	complete the	following table	•				
						Amoun	t	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance							—	
2 a Did the organization include an an					٠		<b>⊢</b>	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Ch	eck here if the	explanation h	as been provided on	Part XIII		· · L	_
Bart'V® Endowment Eundo	Complete if	ho organiza	tion once	ared 'Vee' en Fem	- 000 Dod IV line 1			
Rart V Endowment Funds. C						$\tau$		- book
1 a Beginning of year balance	(a) Current	yeai	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) i	our years	back
b Contributions			<del></del>			1		
				_	<del>-  </del>	-		
c Net investment earnings, gains, and losses						ļ		
d Grants or scholarships						<u> </u>		
e Other expenditures for facilities and programs								_
f Administrative expenses								
g End of year balance	<u></u>			<u> </u>				
2 Provide the estimated percentage		year end bala	nce (line 1g, c	column (a)) held as				
a Board designated or quasi-endowi			<b>ે</b>					
b Permanent endowment								
c Temporarily restricted endowment								
The percentages on lines 2a, 2b, a	and 2c should	equal 100%						
3 a Are there endowment funds not in	the possession	n of the organ	zation that ar	e held and administe	red for the	,		,
organization by							Yes	No
(i) unrelated organizations						3a(i)		<b> </b>
(ii) related organizations								<b></b> _
<b>b</b> If 'Yes' on line 3a(ii), are the relate	-					3b		
4 Describe in Part XIII the intended			dowment fund	ds				
Part VI Land, Buildings, and Complete if the organiz			n Form 99	0, Part IV, line 11	a. See Form 990, Pa	art X, I	ne 10	
Description of property		(a) Cost or oth (investm		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1a Land		1	0,000.				10,	000.
<b>b</b> Buildings			5,887.		105,887.			0.
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e (Column	(d) must equa	al Form 990, P	art X, column	(B), line 10c)			10.	000.
BAA	· · · · · · · · · · · · · · · · · · ·					ıle D (F	orm 990	

Schedule G (Form 990 or 990-EZ) 2016	BOURG LIONS CLUB	72-6055796	Pa
Part II Fundraising Events. Co	omplete if the organization answered	'Yes' on Form 990, Part IV, line 18, or repor	ted

Page 2

		more than \$15,000 of fundraising e List events with gross receipts grea	vent contributions a iter than \$5,000.	na gross income on	Form 990-EZ, line	s 1 and 6b
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E V			(event type)	(event type)	(total number)	through column (c))
REVERU.	1	Gross receipts				
E	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
_	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXPENSES	8	Entertainment				
N S E	9	Other direct expenses				
S	10					
Par	11 1   11	Net income summary Subtract line 10 from Gaming. Complete if the organizati				
		\$15,000 on Form 990-EZ, line 6a			, iiiie 13, 01 Teport	ed more than
REVERUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue	111,577.	172,847.		284,424.
_	2	Cash prizes	93,081.	133,962.		227,043.
DPE	3	Noncash prizes	274.			274.
D-RECT	4	Rent/facility costs				
	5	Other direct expenses	6,790.	6,790.		13,580.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 through	gh 5 in column (d)			240,897.
	8	Net gaming income summary Subtract line	7 from line 1, column (d	)		43,527.
9	Ente	er the state(s) in which the organization condi	icts gaming activities	Louisiana		
а	is th	e organization licensed to conduct gaming ac	ctivities in each of these			· X Yes No
		e any of the organization's gaming licenses res,' explain		rminated during the tax y		Yes XNo
BAA		<del></del>	TEEA3702 09	23/16	Schedule G (Fo	rm 990 or 990-EZ) 2016

SCITE	agnie & (Loui, aag of aag-ES) 50.19 BOOKE LTONZ CLOB	/2-6055/9	96	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	l to	Yes	χNο
13	Indicate the percentage of gaming activity conducted in	1 1		
	a The organization's facility	13a		8
ŧ	b An outside facility	13b	•	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords		
_	Name Randolph Bascle		<del>-</del>	
	Address • 111 Retreat Drive Bourg, LA 703433414			
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	XNo
ŧ	b If 'Yes,' enter the amount of gaming revenue received by the organization	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 ► Randolph Bascle			
	Gaming manager compensation \$			
	Description of services provided  Management & Regulatory Compliance			
	X Director/officer Employee Independent contractor			
17	Mandatory distributions			
ā	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	he	X Yes	□No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spei			
	organization's own exempt activities during the tax year \$ 30,361.			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, coli and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information. See instructions	ımns (III) an dditional	id (v),	

# 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.

2016

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number 72-6055796

**%** ⊠ Yes Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?...... 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States BOURG LIONS CLUB

י מייי פפן י מיריי, ייייס בי, יסו מון ופסואיפות מומרוכספו	or any recipients		compromise the solution of the	i call be duplicated	ii additioliai space	d is independ.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOURG LIONESS CLUB	90-0609234	501(c)4	6,702.	0	BOOK	N/A	PROGRAM SERVIC
<u>(2)</u>							
<u>[3]</u>						is a	
<u>(4)</u>							
( <u>5)</u>							
(9)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table.	and government organs listed in the line 1 t	inizations listed in the				A A	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruction	is for Form 990.		TEEA3901 11/03/16	11/03/16	Schedu	Schedule I (Form 990) (2016)

#### **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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
BOURG LIONS CLUB	72-6055796
Pt VI, Line 6 ORGANIZATION HAS INDIVIDUAL	S AS MEMBERS.
Pt VI, Line 7a ALL GENERAL MEMBERS HAVE VO	FING RIGHTS.
Pt VI, Line 7b ALL GOVERNING BOARD DECISIO	NS ARE SUBJECT TO
Pt VI, Line 7b RATIFICATION BY GENERAL MEM	BERSHIP.
THE CENTRAL ORGANIZATION HA	S WRITTEN POLICIES AND PROCEDURES GOVERNING
Pt VI, Line 10b AFFILIATE ACTIVITIES.	
Pt VI, Line 11b A COPY OF FORM 990 IS AVAIL	ABLE TO ALL MEMBERS
Pt VI, Line 11b BEFORE FILING.	