


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/form990ez .	OMB No 1545-1150 2017 Open to Public Inspection
	A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018	

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 ▶

H Check ☐ if the organization is not a U.S. entity

Area containing multiple horizontal blacked-out redaction bars.

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	47,298	22 52,688
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	47,298	25 52,688
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)	47,298	27 52,688

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

What is the organization's primary exempt purpose?

TO PERFORM VARIOUS COMMUNITY AND STATE LIONS SERVICE PROJECTS

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)

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	33	No
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	No
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	No
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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)(29) 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	No
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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (318) 442-8781 Located at ▶ 82 FOXFIRE LANE ALEXANDRIA, LA ZIP + 4 ▶ 71302		
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	No
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 U S ?	42c	No
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 ▶ <input type="checkbox"/> 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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45b 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	

		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	2019-05-13 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

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ **Yes** ☐ **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 \$ 13,350) <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 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>29</div> <div>SUPPORT CONTRIBUTIONS TO THE LOUISIANA LIONS EYE FOUNDATION (LLEF) LLEF PROVIDES FREE OR REDUCED COST VISION CARE TO LOW INCOME YOUTH AND ADULTS</div> <div>(Grants \$ 10,366)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div> <div>0</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments			
<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>		
<p>30 LIONS CLUB INTERNATIONAL FOUNDATION - PROVIDES SUPPORT TO LIONS CLUB SERVICE PROJECTS AT THE STATE, NATIONAL, AND INTERNATIONAL LEVEL (Grants \$ 1,000)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<table><tr><td>30a</td><td>0</td></tr></table>	30a	0
30a	0		

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 (Grants \$ 3,149) <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		0

TY 2017 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.

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		FUNRASING RAFFLE (event type)	 (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	37,400		9,509	46,909
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	37,400		9,509	46,909
Direct Expenses	4 Cash prizes	15,000			15,000
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	579		1,107	1,686
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				16,686
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				30,223

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				

gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		FUNRASING RAFFLE (event type)	 (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	37,400		9,509	46,909
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	37,400		9,509	46,909
Direct Expenses	4 Cash prizes	15,000			15,000
	5 Noncash prizes				

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">13b</td> <td></td> <td style="text-align: center;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							

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 provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 www.irs.gov/form990 .	<small>OMB No 1545-0047</small> 2017 Open to Public Inspection
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Name of the organization INTERNATIONAL ASSOCIATION OF LIONS - ALEXANDRIA	Employer identification number 72-6023264
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 2,667

990 Schedule O, Supplemental Information

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 GR ANTEE NAME LOUISIANA LIONS LEAGUE FOR CRIPPLE CHILDREN GRANTEE ADDRESS 292 L BEAUFORD DR ANACOCO, LA 71403 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 13,350

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 10,366

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NATIONAL AND INTERNATIONAL LIONS PROJECTS GRANTEE NAME LIONS CLUB INTERNATIONAL FOUNDATION GRANTEE ADDRESS 300 WEST 22ND STREET OAK BROOK, IL 60523 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000

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 3,149 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 27,865

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEALS AT CLUB MEETINGS AMOUNT 17,885 DESCRIPTION INTERNATIONAL, STATE AND DISTRICT DUES AMOUNT 4,137 DESCRIPTION MEETINGS AMOUNT 4,318 DESCRIPTION CONVENTIONS, SEMINARS, AND TRAINING AMOUNT 1,930 DESCRIPTION AWARDS AMOUNT 1,489 DESCRIPTION SUPPLIES AMOUNT 158 DESCRIPTION SURETY BOND AMOUNT 117 DESCRIPTION OFFICE SUPPLIES AND EXPENSES AMOUNT 1,042 DESCRIPTION INVESTMENT EXPENSES AMOUNT 492 TOTAL TO FORM 990-EZ, LINE 16 31,568