

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization LIONS CLUBS INTERNATIONAL FOUNDATION  
 Doing business as LCIF  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
300 WEST 22ND STREET  
 City or town, state or province, country, and ZIP or foreign postal code  
OAK BROOK, IL 60523-8842

**D** Employer identification number  
23-7030455

**E** Telephone number  
(630) 468-6901

**F** Name and address of principal officer: REBECCA DAOU  
SAME AS C ABOVE

**G** Gross receipts \$ 177,915,470

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.LCIF.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1968 **M** State of legal domicile: IL

Part I Summary			
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT THE EFFORTS OF LIONS CLUBS WORLDWIDE IN SERVING THEIR LOCAL COMMUNITIES AND THE WORLD COMMUNITY AS THEY CARRY OUT ESSENTIAL HUMANITARIAN SERVICE PROJECTS.</u>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <u>22</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <u>22</u>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b> <u>81</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <u>22,956</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <u>146,762</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b> <u>66,777</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>50,960,795</u> Current Year <u>44,596,468</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>0</u> <u>0</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>35,702,919</u> <u>9,071,494</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>295,195</u> <u>488,821</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>86,958,909</u> <u>54,156,783</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>38,727,643</u> <u>31,482,907</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>5,950,144</u> <u>6,910,136</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u> <u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>10,286,658</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>16,673,849</u> <u>15,228,114</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>61,351,636</u> <u>53,621,157</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>25,607,273</u> <u>535,626</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>318,889,749</u> End of Year <u>315,979,891</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>27,906,133</u> <u>17,176,169</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>290,983,616</u> <u>298,803,722</u>

**Part II Signature Block**

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: REBECCA DAOU, LCIF EXECUTIVE ADMINISTRATOR Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: ROBERT WILLIAMS Preparer's signature: [Signature] Date: 02/01/2021 Check  if self-employed PTIN: P01345960  
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680  
 Firm's address ▶ 1455 PENNSYLVANIA AVENUE, NW, SUITE 700, WASHINGTON, DC 20004-1008 Phone no. (202) 624-5555

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>LIONS CLUBS INTERNATIONAL FOUNDATION</b>	Taxpayer identification number (TIN) <b>23-7030455</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>300 WEST 22ND STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAK BROOK, IL 60523-8842</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **REBECCA DAOU**

Telephone No. ▶ **(630) 468-6901** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/17, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 \_\_\_\_ or  
 ▶  tax year beginning 07/01, 20 19, and ending 06/30, 20 20.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

- 1 Briefly describe the organization's mission:  
TO SUPPORT THE EFFORTS OF LIONS CLUBS AND PARTNERS IN SERVING COMMUNITIES LOCALLY AND GLOBALLY, GIVING HOPE AND IMPACTING LIVES THROUGH HUMANITARIAN SERVICE PROJECTS AND GRANTS.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 18,631,697 including grants of \$ 14,379,671 ) (Revenue \$ 611,166 )  
HUMANITARIAN INITIATIVES - AS MEMBERS OF THEIR COMMUNITY, LIONS ARE UNIQUELY POSITIONED TO IDENTIFY LOCAL INITIATIVES THAT WILL IMPROVE THE QUALITY OF LIFE FOR VULNERABLE POPULATIONS AND THOSE WHO ARE UNDERSERVED. EACH YEAR LIONS CLUB MEMBERS DEVELOP AND IMPLEMENT PROJECTS THAT STRENGTHEN THEIR COMMUNITIES, IMPROVE HEALTH AND WELL BEING, AND PROTECT THE VULNERABLE. GRANTS ARE COMBINED WITH LOCALLY RAISED FUNDS, TO ADDRESS UNMET HUMANITARIAN NEEDS FOR CAPITAL CONSTRUCTION, EQUIPMENT, OR VITAL COMMUNITY RESOURCES. SPECIAL AREAS OF FOCUS FOR LIONS INCLUDE SERVICE IN THE AREAS OF CHILDHOOD CANCER, HUNGER, DIABETES, AND YOUTH. LIONS QUEST GRANTS ARE AWARDED TO EXPAND A SOCIAL AND EMOTIONAL LEARNING PROGRAM, WHICH FOCUSES ON DELIVERING LIFE SKILLS TRAINING IN EDUCATIONAL SETTINGS FOR GRADES PRE-K THROUGH HIGH SCHOOL. MORE THAN 19 MILLION STUDENTS AND 725,000 EDUCATORS IN MORE THAN 109 COUNTRIES HAVE BEEN POSITIVELY IMPACTED THROUGH THIS PROGRAM. IN ADDITION, LCIF DEVELOPS GLOBAL INITIATIVES AND PARTNERSHIPS TO FURTHER THE IMPACT OF LIONS AND LCIF. FOR EXAMPLE,  
 (CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 12,310,444 including grants of \$ 10,381,367 ) (Revenue \$ )  
VISION - LIONS ARE KNOWN THROUGHOUT THE WORLD FOR THEIR WORK TO IMPROVE THE LIVES OF THE VISUALLY IMPAIRED AND TO PREVENT AVOIDABLE BLINDNESS. THE FOUNDATION PROUDLY SERVES THEIR CONTINUED EFFORTS BY OFFERING IMPACTFUL INITIATIVES, PROGRAMS AND GRANTS. SIGHTFIRST IS THE FOUNDATION'S PROGRAM THAT HAS PLAYED A KEY ROLE IN REDUCING BLINDNESS AND VISUAL IMPAIRMENT AROUND THE WORLD. THROUGH SIGHTFIRST, LCIF FUNDS PROJECTS THAT BUILD COMPREHENSIVE AND SUSTAINABLE EYE CARE SYSTEMS TO FIGHT THE MAJOR CAUSES OF BLINDNESS AND VISUAL IMPAIRMENT AND CARE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE PROGRAM SUPPORTS SUSTAINABLE PROJECTS THAT DELIVER HIGH QUALITY EYE CARE SERVICES, BUILD OR STRENGTHEN EYE CARE FACILITIES, TRAIN PROFESSIONALS AND BUILD AWARENESS ABOUT EYE HEALTH IN UNDERSERVED COMMUNITIES. IN SUMMARY, SIGHTFIRST HAS INVESTED US\$371 MILLION IN 1,389 PROJECTS IN 117 COUNTRIES, RESULTING IN: 9.3 MILLION CATARACT SURGERIES TO RESTORE SIGHT, 2.3 MILLION PROFESSIONAL EYE CARE AND COMMUNITY HEALTH WORKERS TRAINED, 1,351 EYE CENTERS AND TRAINING INSTITUTIONS BUILT,  
 (CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 7,108,497 including grants of \$ 6,721,869 ) (Revenue \$ )  
DISASTER RELIEF - SUPPORT DISASTER PRE-PLANNING, IMMEDIATE NEEDS, MID-TERM AND LONG-TERM RECONSTRUCTION IN THE WAKE OF NATURAL DISASTERS SUCH AS HURRICANES, EARTHQUAKES, WILDFIRES, AND FLOODS. GRANTS SUPPORT LIONS-LED RELIEF PROJECTS IN THE COMMUNITIES WHERE THEY LIVE AND SERVE. DISASTER FUNDING ENABLES LIONS TO COLLABORATE WITH LOCAL PARTNERS TO EXPAND THEIR IMPACT. IMMEDIATELY AFTER A DISASTER, LIONS QUICKLY ASSESS THE MOST URGENT NEEDS IN THEIR COMMUNITIES. ON AVERAGE, LCIF ANNUALLY AWARDS 140-160 EMERGENCY GRANTS TO DELIVER IMMEDIATE NEEDS SUCH AS WATER, FOOD, CLOTHING, AND MEDICINE. DEPENDING ON THE SCALE AND SCOPE OF DAMAGES, ADDITIONAL COMMUNITY RECOVERY OR MAJOR CATASTROPHE GRANTS MAY BE AWARDED. TO DATE, NEARLY 5,000 EMERGENCY GRANTS HAVE BEEN AWARDED WORLDWIDE.

**4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 38,050,638

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	✓	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> <span style="float: right;">81</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	✓	
<b>4a</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)?	✓	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶ IN, JA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "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 organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, AZ, CA, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
[REBECCA DAOU, 300 WEST 22ND STREET, OAK BROOK, IL 60523-8842, \(630\) 468-6901](#)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA DAOU LCIF EXECUTIVE ADMINISTRATOR	40.0 0.0			✓			223,010	0	79,208	
(2) JOHNNY COOPER CHIEF OF PHILANTHROPY	40.0 0.0					✓	185,259	0	20,304	
(3) ERIK BREJLA INSTITUTIONAL GIVING MANAGER	40.0 0.0					✓	100,417	0	28,353	
(4) CHRISTOPHER PLUNKETT DIV. MGR., LCIF DEVELOPMENT	40.0 0.0					✓	107,747	0	15,236	
(5) GUDRUN YNGVADOTTIR LCIF CHAIRPERSON	20.0 0.0	✓		✓			0	0	0	
(6) DR. JITSUHIRO YAMADA VICE CHAIRPERSON	2.0 0.0	✓		✓			0	0	0	
(7) LEWIS QUINN TREASURER	2.0 0.0	✓		✓			0	0	0	
(8) SANDRO CASTELLANA SECRETARY	2.0 0.0	✓		✓			0	0	0	
(9) ALEXIS VINCENT GOMÈS TRUSTEE	2.0 0.0	✓					0	0	0	
(10) ARUNA ABHEY OSWAL TRUSTEE	2.0 0.0	✓					0	0	0	
(11) BARRY J. PALMER TRUSTEE	2.0 0.0	✓					0	0	0	
(12) BRIAN E SHEEHAN INTERNATIONAL SECOND VICE-PRESIDENT	5.0 0.0	✓					0	0	0	
(13) CHIKAO SUZUKI TRUSTEE	2.0 0.0	✓					0	0	0	
(14) DOO-HOON AHN TRUSTEE	2.0 0.0	✓					0	0	0	



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DOUGLAS X. ALEXANDER INTERNATIONAL FIRST VICE PRESIDENT	5.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(16) DR. JUNG-YUL CHOI LCI INTERNATIONAL PRESIDENT	5.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(17) DR. NARESH AGGARWAL TRUSTEE	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(18) DR. PATTI HILL INTERNATIONAL THIRD VICE PRESIDENT	5.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(19) DR. TA-LUNG CHIANG TRUSTEE	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(20) GARNET E DAVIS TRUSTEE	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(21) HAYNES H TOWNSEND INTERNATIONAL FIRST VICE PRESIDENT (PARTIAL YEAR)	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(22) IN-KYO OH TRUSTEE	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(23) JAMES E ERVIN TRUSTEE	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(24) JOE PRESTON TRUSTEE	2.0 0.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								616,433	0	143,101
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								616,433	0	143,101

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INTERNATIONAL ASSOCIATION OF LIONS CLUBS , 300 W. 22ND STREET , OAK BROOK, IL 60523	PROFESSIONAL SERVICES	4,268,911
COMMUNITY COUNSELLING SERVICES, 527 MADISON AVE, NEW YORK, NY 10022	FUNDRAISING LOAN STAFF SERVICES	1,414,178
WORLD HEALTH ORGANIZATION, 20 AVENUE APPIA, 1211 GENEVA 27, SZ	TECHNICAL SUPPORT	645,766
BUZZGEN, 5441 AMEND ROAD, EL SOBRANTE, CA 94803	SOCIAL/DIGITAL MARKETING	256,265
JPMORGAN, CHASE TOWER 21 S. CLARK ST, 42ND FL, CHICAGO, IL 60603	INVESTMENT ADVISORS	245,281

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 10

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>						
	<b>e</b>	Government grants (contributions)	<b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	44,596,468					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 17,756					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		44,596,468					
<b>Program Service Revenue</b>	<b>2a</b>	Business Code							
	<b>b</b>								
	<b>c</b>								
	<b>d</b>								
	<b>e</b>								
	<b>f</b>	All other program service revenue . .		0	0	0	0		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,295,768		134,993	6,160,775		
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶							
	<b>5</b>	Royalties . . . . . ▶							
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real					
				(ii) Personal					
			<b>b</b>	Less: rental expenses	<b>6b</b>				
			<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . . ▶							
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	126,275,515				
				(ii) Other					
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	123,499,789			
			<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	2,775,726	0		
	<b>d</b>	Net gain or (loss) . . . . . ▶		2,775,726		11,769	2,763,957		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
				<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			
<b>c</b>			Net income or (loss) from fundraising events . . ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
			<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>				
		<b>c</b>	Net income or (loss) from gaming activities . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		807,890					
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	258,898			
		<b>c</b>	Net income or (loss) from sales of inventory . . . ▶		548,992	548,992			
<b>Miscellaneous Revenue</b>	<b>11a</b>	CURRENCY EXCHANGE LOSS	900099	(122,982)			(122,982)		
	<b>b</b>	LIONS QUEST TRAINING WORKSHOPS, NET OF COSTS	900099	62,174	62,174				
	<b>c</b>								
	<b>d</b>	All other revenue . . . . .	900099	637	0	0	637		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		(60,171)					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		54,156,783	611,166	146,762	8,802,387			

**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 response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	6,402,419	6,402,419		
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 . . . . .	25,080,488	25,080,488		
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	323,807	226,665	48,571	48,571
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 . . . . .	4,716,116	1,838,932	1,388,938	1,488,246
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	841,343	335,379	248,546	257,418
9	Other employee benefits . . . . .	678,978	270,656	200,581	207,741
10	Payroll taxes . . . . .	349,892	138,410	102,830	108,652
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .	15,876		9,230	6,646
c	Accounting . . . . .	72,500		72,500	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	539,121		539,121	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	7,170,503	2,524,239	1,851,643	2,794,621
12	Advertising and promotion . . . . .	274,018	136,563		137,455
13	Office expenses . . . . .	1,497,636	72,154	254,848	1,170,634
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .				
17	Travel . . . . .	3,007,204	739,974	461,977	1,805,253
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	27,577	6,127		21,450
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	187,515	97,191	90,324	
23	Insurance . . . . .				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a	<u>RECOGNITION</u> . . . . .	2,258,619	17,084	10,855	2,230,680
b	<u>SPONSORSHIP FEES</u> . . . . .	90,665	90,665		
c	<u>BAD DEBT EXPENSES</u> . . . . .	70,378	70,378		
d	<u>EDUCATION AND TRAINING</u> . . . . .	3,522	1,343		2,179
e	All other expenses . . . . .	12,980	1,971	3,897	7,112
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	53,621,157	38,050,638	5,283,861	10,286,658
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	5,098,637	<b>2</b>	4,942,864
	<b>3</b> Pledges and grants receivable, net . . . . .	9,217,751	<b>3</b>	8,637,142
	<b>4</b> Accounts receivable, net . . . . .	67,609	<b>4</b>	51,057
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,110,058	<b>9</b>	1,141,147
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 5,317,054		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,741,889	501,893	<b>10c</b> 575,165
	<b>11</b> Investments—publicly traded securities . . . . .	281,447,395	<b>11</b>	258,832,823
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	20,409,676	<b>12</b>	35,713,180
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,036,730	<b>15</b>	6,086,513
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	318,889,749	<b>16</b>	315,979,891	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	560,954	<b>17</b>	1,142,327
	<b>18</b> Grants payable . . . . .	25,726,013	<b>18</b>	15,954,988
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	1,619,166	<b>25</b>	78,854
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	27,906,133	<b>26</b>	17,176,169
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	239,427,311	<b>27</b>	254,693,736
	<b>28</b> Net assets with donor restrictions . . . . .	51,556,305	<b>28</b>	44,109,986
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	290,983,616	<b>32</b>	298,803,722
<b>33</b> Total liabilities and net assets/fund balances . . . . .	318,889,749	<b>33</b>	315,979,891	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,156,783
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,621,157
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	535,626
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	290,983,616
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,541,421
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,743,059
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	298,803,722

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**Part VII**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RAMIRO VELA VILLARREAL ----- TRUSTEE	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(26) ROBERT CORLEW ----- TRUSTEE	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(27) VIJAY KUMAR RAJU ----- TRUSTEE	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

<b>Name of the organization</b> LIONS CLUBS INTERNATIONAL FOUNDATION	<b>Employer identification number</b> 23-7030455
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	39,484,613	39,060,376	48,057,506	50,960,795	44,596,468	222,159,758
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	39,484,613	39,060,376	48,057,506	50,960,795	44,596,468	222,159,758
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						222,159,758

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	39,484,613	39,060,376	48,057,506	50,960,795	44,596,468	222,159,758
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,680,240	4,103,311	3,409,693	3,865,982	6,160,775	23,220,001
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	123,375	123,375
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	5,015	4,921	33,028	3,173	637	46,774
<b>11 Total support.</b> Add lines 7 through 10						245,549,908
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,219,353
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	90.47 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	90.37 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019



**Part VI**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	MISCELLANEOUS	5,015	4,921	33,028	3,173	637	46,774
	Total	5,015	4,921	33,028	3,173	637	46,774

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: LIONS CLUBS INTERNATIONAL FOUNDATION; Employer identification number: 23-7030455

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,139,473	606,700	584,508	525,768	524,607
<b>b</b> Contributions		515,876			
<b>c</b> Net investment earnings, gains, and losses	21,847	29,557	55,322	58,740	1,161
<b>d</b> Grants or scholarships		12,660	33,130		
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,161,320	1,139,473	606,700	584,508	525,768

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  0.00 %
- b** Permanent endowment  87.48 %
- c** Term endowment  12.52 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		5,317,054	4,741,889	575,165
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				575,165



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) HEDGE FUNDS	27,729,385	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	7,983,795	END OF YEAR MARKET VALUE
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	<b>35,713,180</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	78,854
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>78,854</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .



**Part XIII**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	LCIF INDIA REVENUE - CONSOLIDATED IN AUDITED FINANCIAL STATEMENTS	8,919,342
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RECOVERIES OF PRIOR YEAR GRANTS - NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	- 3,743,059
	LCIF INDIA EXPENSES - CONSOLIDATED IN AUDTIED FINANCIAL STATEMENTS	5,551,242

**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FOUNDATION HAS TWO ENDOWMENT FUNDS. ONE IS FOR THE TREATMENT AND PREVENTION OF BLINDNESS IN THE STATE OF LOUISIANA, AND THE OTHER IS FOR THE BENEFIT OF THE BLIND.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE FOUNDATION HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.</p> <p>MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS, AS THE FOUNDATION'S UNRELATED BUSINESS TAXABLE INCOME IS EXPECTED TO BE OFFSET BY NET OPERATING LOSSES CARRIED FORWARD FROM PRIOR YEARS. THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE FINANCIAL STATEMENTS.</p>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GRANTMAKING	484,995
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTMAKING	7,028,169
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	GRANTMAKING	3,133,501
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	237,690
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	GRANTMAKING	662,400
(6) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GRANTMAKING	677,810
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES	GRANTMAKING	2,888,575
(8) SOUTH ASIA	1	0	PROGRAM SERVICES	GRANTMAKING	1,650,456
(9) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	8,316,892
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	PROJECT CONSULTING	16,500
(11) EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	PROJECT CONSULTING	18,850
(12) SOUTH AMERICA	0	2	PROGRAM SERVICES	PROJECT CONSULTING	37,730
(13) SOUTH ASIA	0	6	PROGRAM SERVICES	PROJECT CONSULTING	91,809
(14) SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	PROJECT CONSULTING	39,535
(15) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		1,277,287
(16) EAST ASIA AND THE PACIFIC	0	3	ADMINISTRATIVE SUPPORT		134,952
(17)					
<b>3a Subtotal</b>	<b>1</b>	<b>15</b>			<b>26,697,151</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>1</b>	<b>15</b>			<b>26,697,151</b>

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

**3** Enter total number of other organizations or entities . . . . . ▶ 597

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**



**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	EXPAND LIONS BCVI NATIONAL EYE CLINIC	149,215	WIRE			
(2)		CENTRAL AMERICA AND THE CARIBBEAN	MCAT - HURRICANE DORIAN - BAHAMAS	100,000	ELECTRONIC			
(3)		CENTRAL AMERICA AND THE CARIBBEAN	INITIATIVES FOR CHILDREN WITH TYPE 1 DIABETES IN PANAMA	60,183	WIRE			
(4)		CENTRAL AMERICA AND THE CARIBBEAN	VISION EQUIPMENT FOR LIONS EYE CLINIC	54,750	WIRE			
(5)		CENTRAL AMERICA AND THE CARIBBEAN	BUILD OPERATING ROOMS	25,500	WIRE			
(6)		CENTRAL AMERICA AND THE CARIBBEAN	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(7)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(8)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(9)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(10)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(11)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(12)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(13)		CENTRAL AMERICA AND THE CARIBBEAN	COVID-19 RELIEF	10,000	WIRE			
(14)		EAST ASIA AND THE PACIFIC	WESTERN JAPAN FLOODING	366,972	CHECK			
(15)		EAST ASIA AND THE PACIFIC	HUMANITARIAN AWARD 2019-2020	250,000	CHECK			
(16)		EAST ASIA AND THE PACIFIC	MCAT - AUSTRALIA BUSHFIRES	200,000	WIRE			
(17)		EAST ASIA AND THE PACIFIC	MCAT - TYPHOON HAGIBIS IN JAPAN	150,000	CHECK			
(18)		EAST ASIA AND THE PACIFIC	2019 AUSTRALIA BUSHFIRES	103,000	WIRE			
(19)		EAST ASIA AND THE PACIFIC	CONSTRUCT & RENOVATE RESIDENTIAL FACILITY FOR DISABLED	102,367	CHECK			
(20)		EAST ASIA AND THE PACIFIC	EQUIP ALZHEIMER'S RESEARCH FOUNDATION IN AUSTRALIA	100,000	CHECK			
(21)		EAST ASIA AND THE PACIFIC	LIONS KIDNEY CENTER IN HONG KONG	100,000	WIRE			
(22)		EAST ASIA AND THE PACIFIC	LIONS KIDNEY CENTER IN HONG KONG	100,000	WIRE			
(23)		EAST ASIA AND THE PACIFIC	EQUIP DAYCARE CENTER IN INDONESIA	100,000	WIRE			
(24)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	100,000	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(25)		EAST ASIA AND THE PACIFIC	SPECIAL OLYMPIC JAPAN (2019-2020)	100,000	ELECTRONIC			
(26)		EAST ASIA AND THE PACIFIC	PURCHASE 2 FIRE SERVICE VEHICLES & EQUIPMENT FOR VOLUNTEER FIRE BUREAU	100,000	CHECK			
(27)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(28)		EAST ASIA AND THE PACIFIC	PURCHASE 2 TRANSPORT VEHICLES FOR DISABLED	100,000	CHECK			
(29)		EAST ASIA AND THE PACIFIC	EQUIP SOCIAL WELFARE CENTER	100,000	CHECK			
(30)		EAST ASIA AND THE PACIFIC	EQUIP VOCATIONAL TRAINING CENTER FOR DISABLED	100,000	CHECK			
(31)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(32)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE VISION SCREENING VEHICLE FOR CHILDREN & SENIORS	100,000	CHECK			
(33)		EAST ASIA AND THE PACIFIC	PURCHASE VISION EQUIPMENT FOR MYANMAR	100,000	CHECK			
(34)		EAST ASIA AND THE PACIFIC	INSTALL & EQUIP THERAPY ROOM FOR DISABLED CHILDREN	100,000	CHECK			
(35)		EAST ASIA AND THE PACIFIC	EXPAND ELEMENTARY SCHOOL IN VIETNAM	100,000	CHECK			
(36)		EAST ASIA AND THE PACIFIC	DEVELOP AND FIELD TEST A PROTOCOL, INCLUDING QUESTIONNAIRE, TO ASSESS PREVALENCE OF MAIN CAUSES OF OCULAR MORBIDITY AND VISION LOSS IN A REPRESENTATIVE SAMPLE OF ALL-AGES OF A POPULATION	99,686	WIRE			
(37)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR 3 SOCIAL SERVICE ORGANIZATIONS	94,887	CHECK			
(38)		EAST ASIA AND THE PACIFIC	PURCHASE 3 DISASTER SERVICE VEHICLES & TRAINING EQUIPMENT FOR 2 VOLUNTEER	73,935	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			FIRE BRIGADES					
(39)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE CARDIAC SCREENING VEHICLE FOR CHILDREN	72,500	CHECK			
(40)		EAST ASIA AND THE PACIFIC	PURCHASE 2 TRANSPORT VEHICLES FOR DISABLED	70,000	CHECK			
(41)		EAST ASIA AND THE PACIFIC	PURCHASE, REFURBISH, & EQUIP MOBILE DIALYSIS UNIT	68,000	CHECK			
(42)		EAST ASIA AND THE PACIFIC	PURCHASE EMERGENCY RESCUE EQUIPMENT	67,105	CHECK			
(43)		EAST ASIA AND THE PACIFIC	VEHICLE FOR COMMUNITY DEVELOPMENT ASSOCIATION	65,265	CHECK			
(44)		EAST ASIA AND THE PACIFIC	PURCHASE MOBILE LAUNDRY UNIT FOR SENIORS	64,000	CHECK			
(45)		EAST ASIA AND THE PACIFIC	PURCHASE WATER RESCUE TRAINING EQUIPMENT	63,146	CHECK			
(46)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - THAILAND 2019	61,468	WIRE			
(47)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR 3 SOCIAL SERVICE ORGANIZATIONS	60,930	CHECK			
(48)		EAST ASIA AND THE PACIFIC	EQUIP DIALYSIS CENTER IN JAKARTA	60,000	WIRE			
(49)		EAST ASIA AND THE PACIFIC	CHINA CORONAVIRUS	60,000	WIRE			
(50)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	55,978	WIRE			
(51)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	55,538	WIRE			
(52)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	53,663	WIRE			
(53)		EAST ASIA AND THE PACIFIC	DIABETES TREATMENT AND PREVENTION CENTER, GYUNGNAM	53,257	CHECK			
(54)		EAST ASIA AND THE PACIFIC	EQUIP PINGTUNG COUNTY VOLUNTEER FIRE BRIGADE	51,613	CHECK			
(55)		EAST ASIA AND THE PACIFIC	PURCHASE AMBULANCE FOR HOSPITAL IN THAILAND	51,104	WIRE			
(56)		EAST ASIA AND THE PACIFIC	PURCHASE AMBULANCE FOR HOSPITAL IN THAILAND	50,894	WIRE			
(57)		EAST ASIA AND THE PACIFIC	LIONS QUEST	50,000	CHECK			
(58)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - PHILIPPINES PHASE 14	50,000	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(59)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	48,299	WIRE			
(60)		EAST ASIA AND THE PACIFIC	PURCHASE 2 TRANSPORT VEHICLES FOR DISABLED	46,500	CHECK			
(61)		EAST ASIA AND THE PACIFIC	BUS FOR WELFARE CENTER FOR PWD	46,130	CHECK			
(62)		EAST ASIA AND THE PACIFIC	WESTERN JAPAN FLOODING	45,110	CHECK			
(63)		EAST ASIA AND THE PACIFIC	PURCHASE 2 AMBULANCES FOR VOLUNTEER FIRE TEAM	45,000	CHECK			
(64)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR 4 SOCIAL SERVICE ORGANIZATIONS	44,613	CHECK			
(65)		EAST ASIA AND THE PACIFIC	EXPAND, RENOVATE, & EQUIP PRIMARY SCHOOL IN CAMBODIA	44,000	CHECK			
(66)		EAST ASIA AND THE PACIFIC	HIGH SCHOOL SCHOLARSHIP SUPPORT	40,094	CHECK			
(67)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	35,000	WIRE			
(68)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	34,875	WIRE			
(69)		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT	28,335	CHECK			
(70)		EAST ASIA AND THE PACIFIC	VEHICLE FOR PEOPLE WITH DISABILITIES	28,000	CHECK			
(71)		EAST ASIA AND THE PACIFIC	LIONS QUEST	27,500	CHECK			
(72)		EAST ASIA AND THE PACIFIC	JUNIOR TUG-OF-WAR TOURNAMENT	27,273	CHECK			
(73)		EAST ASIA AND THE PACIFIC	PURCHASE VEHICLE FOR YAMAGATA SYMPHONY ORCHESTRA	27,036	CHECK			
(74)		EAST ASIA AND THE PACIFIC	DONATE VEHICLE TO CENTER FOR CHILDREN AND FAMILIES	26,700	CHECK			
(75)		EAST ASIA AND THE PACIFIC	CONSTRUCT PRIMARY SCHOOL IN VIETNAM (LOCAL MATCH)	26,272	CHECK			
(76)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	25,000	CHECK			
(77)		EAST ASIA AND THE PACIFIC	LIONS QUEST	25,000	CHECK			
(78)		EAST ASIA AND THE PACIFIC	LIONS QUEST	25,000	CHECK			
(79)		EAST ASIA AND THE PACIFIC	PURCHASE 2 VEHICLES FOR RED CROSS	24,596	CHECK			
(80)		EAST ASIA AND THE PACIFIC	BLESSING BAGS FOR LOW-INCOME PEOPLE	24,390	CHECK			
(81)		EAST ASIA AND THE PACIFIC	EYE GLASSES AND EYE EXAMS FOR ELDERLY PEOPLE	24,265	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(82)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM	23,226	CHECK			
(83)		EAST ASIA AND THE PACIFIC	BLANKET DONATION FOR PEOPLE WITH DISABILITIES	23,223	CHECK			
(84)		EAST ASIA AND THE PACIFIC	IMPROVE LIONS PARK	22,800	CHECK			
(85)		EAST ASIA AND THE PACIFIC	LIONS QUEST	22,000	CHECK			
(86)		EAST ASIA AND THE PACIFIC	LIONS QUEST	22,000	CHECK			
(87)		EAST ASIA AND THE PACIFIC	STUDENT SCHOLARSHIP PROJECT	21,375	CHECK			
(88)		EAST ASIA AND THE PACIFIC	PURCHASE TWO TRANSPORT VEHICLES FOR CHILDREN	18,693	CHECK			
(89)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	18,645	CHECK			
(90)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	18,440	CHECK			
(91)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP CPR TRAINING VEHICLE	17,770	CHECK			
(92)		EAST ASIA AND THE PACIFIC	PURCHASE FOOD DELIVERY VEHICLE	17,250	CHECK			
(93)		EAST ASIA AND THE PACIFIC	COMMUNITY EVENT TO SUPPORT LOW-INCOME FAMILIES	16,130	CHECK			
(94)		EAST ASIA AND THE PACIFIC	COMMUNITY WALK TO PROMOTE GLOBAL CAUSES	16,130	CHECK			
(95)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	15,724	CHECK			
(96)		EAST ASIA AND THE PACIFIC	PEDESTRIAN LAND BRIDGE	15,600	CHECK			
(97)		EAST ASIA AND THE PACIFIC	HOUSE REBUILDING PROJECT	15,280	CHECK			
(98)		EAST ASIA AND THE PACIFIC	VAN FOR PROGRAM USE	15,150	CHECK			
(99)		EAST ASIA AND THE PACIFIC	DISASTER PREVENTION HOODS FOR CHILDREN	15,000	CHECK			
(100)		EAST ASIA AND THE PACIFIC	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(101)		EAST ASIA AND THE PACIFIC	PURCHASE 2 VISION SCREENERS	14,796	WIRE			
(102)		EAST ASIA AND THE PACIFIC	LIONS QUEST	14,158	CHECK			
(103)		EAST ASIA AND THE PACIFIC	VEHICLE FOR DISABLED	13,965	CHECK			
(104)		EAST ASIA AND THE PACIFIC	LIONS QUEST	13,800	CHECK			
(105)		EAST ASIA AND THE PACIFIC	DAILY NECESSITIES AND SCHOLARSHIPS	13,800	CHECK			
(106)		EAST ASIA AND THE PACIFIC	CONSTRUCT WATER WELL IN KENYA	13,670	CHECK			
(107)		EAST ASIA AND	ELECTRIC	13,650	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		THE PACIFIC	WHEELCHAIRS FOR LOW-INCOME FAMILIES					
(108)		EAST ASIA AND THE PACIFIC	DONATE BRAILLE BOOKS TO SCHOOLS	13,418	CHECK			
(109)		EAST ASIA AND THE PACIFIC	SCHOLARSHIP AWARDS FOR FUTURE LEADERS	13,273	CHECK			
(110)		EAST ASIA AND THE PACIFIC	LIONS QUEST	12,500	CHECK			
(111)		EAST ASIA AND THE PACIFIC	COMPUTER SUPPORT FOR LOW-INCOME STUDENTS	12,358	CHECK			
(112)		EAST ASIA AND THE PACIFIC	TRAININGS FOR LOW INCOME PEOPLE	12,147	CHECK			
(113)		EAST ASIA AND THE PACIFIC	SUPPORT FOR JOINT WEDDING	12,051	CHECK			
(114)		EAST ASIA AND THE PACIFIC	SHUTTLE BUS DONATION	11,400	CHECK			
(115)		EAST ASIA AND THE PACIFIC	PROMOTION OF SPECIAL OLYMPICS	11,010	CHECK			
(116)		EAST ASIA AND THE PACIFIC	LIONS QUEST	10,912	CHECK			
(117)		EAST ASIA AND THE PACIFIC	PURCHASE REHABILITATION EQUIPMENT FOR SCHOOL FOR DISABLED	10,900	CHECK			
(118)		EAST ASIA AND THE PACIFIC	BUSAN GWANGBOK	10,845	CHECK			
(119)		EAST ASIA AND THE PACIFIC	RUNNING EVENT TO PROMOTE GLOBAL CAUSES	10,665	CHECK			
(120)		EAST ASIA AND THE PACIFIC	EQUIP VOCATIONAL TRAINING CENTER FOR DISABLED	10,440	CHECK			
(121)		EAST ASIA AND THE PACIFIC	SUPPORT FOR TYPHOON HAGIBIS EVACUEES	10,185	CHECK			
(122)		EAST ASIA AND THE PACIFIC	BUSHFIRES RELIEF	10,000	CHECK			
(123)		EAST ASIA AND THE PACIFIC	WILDFIRE RELIEF	10,000	CHECK			
(124)		EAST ASIA AND THE PACIFIC	WILDFIRE RELIEF	10,000	CHECK			
(125)		EAST ASIA AND THE PACIFIC	BUSHFIRE RELIEF	10,000	CHECK			
(126)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(127)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(128)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(129)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(130)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(131)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(132)		EAST ASIA AND THE PACIFIC	GOLF TOURNAMENT TO RAISE AWARENESS OF DIABETES	10,000	CHECK			
(133)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(134)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(135)		EAST ASIA AND THE PACIFIC	LIONS QUEST	10,000	CHECK			
(136)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(137)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(138)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(139)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	CHECK			
(140)		EAST ASIA AND THE PACIFIC	VOLCANO RELIEF	10,000	CHECK			
(141)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(142)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(143)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(144)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(145)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(146)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(147)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	10,000	CHECK			
(148)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	10,000	CHECK			
(149)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	WIRE			
(150)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(151)		EAST ASIA AND THE PACIFIC	CARNIVAL TO PROMOTE GLOBAL CAUSES	10,000	CHECK			
(152)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR HOMELESS	10,000	CHECK			
(153)		EAST ASIA AND THE PACIFIC	EXPAND COOKED FOOD PROGRAM	10,000	CHECK			
(154)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(155)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(156)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	CHECK			
(157)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	CHECK			
(158)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(159)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(160)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	CHECK			
(161)		EAST ASIA AND THE PACIFIC	PURCHASE VEHICLE FOR HOME VISIT SERVICES FOR SENIORS	10,000	CHECK			
(162)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,000	WIRE			
(163)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(164)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(165)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(166)		EAST ASIA AND THE PACIFIC	CORONAVIRUS RELIEF	10,000	WIRE			
(167)		EAST ASIA AND THE PACIFIC	SUPPORT FOR WELFARE CENTER	9,916	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(168)		EAST ASIA AND THE PACIFIC	VEHICLE TO SUPPORT SENIORS	9,750	CHECK			
(169)		EAST ASIA AND THE PACIFIC	HEATED MATTRESS PADS FOR LOW-INCOME FAMILIES	9,730	CHECK			
(170)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	9,684	WIRE			
(171)		EAST ASIA AND THE PACIFIC	RESOURCE AND DRUG PREVENTION FAIR FOR VULNERABLE PEOPLE	9,547	CHECK			
(172)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS FOR TUITION, BOOKS, AND SUPPLIES	9,444	CHECK			
(173)		EAST ASIA AND THE PACIFIC	TYPHOON HAGIBIS RELIEF	9,377	CHECK			
(174)		EAST ASIA AND THE PACIFIC	COMMUNITY CULTURAL EVENT	9,300	CHECK			
(175)		EAST ASIA AND THE PACIFIC	PROMOTION OF SPECIAL OLYMPICS	9,263	CHECK			
(176)		EAST ASIA AND THE PACIFIC	LIONS QUEST	9,000	CHECK			
(177)		EAST ASIA AND THE PACIFIC	COMPUTER DONATION TO LOCAL SCHOOL	9,000	CHECK			
(178)		EAST ASIA AND THE PACIFIC	SCHOOL SUPPLIES FOR CHILDREN IN KENYA	8,911	CHECK			
(179)		EAST ASIA AND THE PACIFIC	DIABETES AWARENESS PROJECT	8,550	CHECK			
(180)		EAST ASIA AND THE PACIFIC	AIR PURIFIERS FOR SENIORS AND PWD	8,281	CHECK			
(181)		EAST ASIA AND THE PACIFIC	HOME REPAIRS & HOLDERS FOR READING GLASSES	8,100	CHECK			
(182)		EAST ASIA AND THE PACIFIC	HEARING AIDS FOR PEOPLE WITH HEARING LOSS	7,635	CHECK			
(183)		EAST ASIA AND THE PACIFIC	WHEELCHAIRS TO MEDICAL INSTITUTES	7,350	CHECK			
(184)		EAST ASIA AND THE PACIFIC	FOOD FOR PEOPLE WITH DISABILITIES	7,100	CHECK			
(185)		EAST ASIA AND THE PACIFIC	DAY EVENT FOR LIONS' FIVE CAUSES	7,050	CHECK			
(186)		EAST ASIA AND THE PACIFIC	MEDICAL SUPPLIES FOR THE ELDERLY	7,000	CHECK			
(187)		EAST ASIA AND THE PACIFIC	BLOOD DONATION SUPPORT	6,750	CHECK			
(188)		EAST ASIA AND THE PACIFIC	FOOD FOR SENIORS	6,675	CHECK			
(189)		EAST ASIA AND THE PACIFIC	DONATE SCHOOL SUPPLIES	6,615	CHECK			
(190)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS EQUIPMENT	6,600	CHECK			
(191)		EAST ASIA AND THE PACIFIC	HOST MOVIE FOR PEOPLE WITH	6,500	CHECK			



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			DISABILITIES					
(192)		EAST ASIA AND THE PACIFIC	FOOD FOR LOW-INCOME FAMILIES	6,325	CHECK			
(193)		EAST ASIA AND THE PACIFIC	COMMUNITY EVENT FOR THE ELDERLY	6,300	CHECK			
(194)		EAST ASIA AND THE PACIFIC	JUNIOR FOOTBALL TOURNAMENT	6,267	CHECK			
(195)		EAST ASIA AND THE PACIFIC	SUPPORT FOR CHILDREN WITH CANCER	6,150	CHECK			
(196)		EAST ASIA AND THE PACIFIC	VEHICLE FOR LOCAL NONPROFIT ORGANIZATION	6,150	CHECK			
(197)		EAST ASIA AND THE PACIFIC	SUPPLIES FOR LOW INCOME FAMILIES	6,150	CHECK			
(198)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS TO LOW INCOME STUDENTS	6,150	CHECK			
(199)		EAST ASIA AND THE PACIFIC	DAILY NECESSITIES FOR LOW-INCOME FAMILIES	6,050	CHECK			
(200)		EAST ASIA AND THE PACIFIC	GUIDE DOG FOR VISUALLY IMPAIRED	6,000	CHECK			
(201)		EAST ASIA AND THE PACIFIC	SHUTTLE BUS DONATION	5,850	CHECK			
(202)		EAST ASIA AND THE PACIFIC	LIONS QUEST	5,750	CHECK			
(203)		EAST ASIA AND THE PACIFIC	FOOD FOR LOW-INCOME FAMILIES	5,700	CHECK			
(204)		EAST ASIA AND THE PACIFIC	FOOD AND TOYS FOR LOW-INCOME FAMILIES	5,482	CHECK			
(205)		EAST ASIA AND THE PACIFIC	SUPPLIES FOR ORPHANAGE IN THE PHILIPPINES	5,250	CHECK			
(206)		EAST ASIA AND THE PACIFIC	SUPPORT FOR AFTER SCHOOL PROGRAM	5,250	CHECK			
(207)		EAST ASIA AND THE PACIFIC	HOME REPAIRS AND FOOD DONATION FOR LOW-INCOME FAMILIES	5,100	CHECK			
(208)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CORONAVIRUS RELIEF	350,000	WIRE			
(209)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH MASANGA EYE CARE CLINIC	256,047	WIRE			
(210)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	220,000	ELECTRONIC			
(211)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	201,542	WIRE			
(212)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	200,000	ELECTRONIC			
(213)		EUROPE (INCLUDING ICELAND AND GREENLAND)	UPGRADE BAYRAMPASA EYE HOSPITAL	162,948	ELECTRONIC			
(214)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	150,000	ELECTRONIC			
(215)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	100,000	ELECTRONIC			

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		ICELAND AND GREENLAND)						
(216)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT WAREHOUSE FOR CENTER FOR THE DISABLED	100,000	ELECTRONIC			
(217)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	100,000	ELECTRONIC			
(218)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP AND FURNISH HOSPICE	78,320	ELECTRONIC			
(219)		EUROPE (INCLUDING ICELAND AND GREENLAND)	UNODC LIONS QUEST PARTNERSHIP-CROATIA 2020	73,042	WIRE			
(220)		EUROPE (INCLUDING ICELAND AND GREENLAND)	UPGRADE HOUSING AT PRINCESS MAXIMA CENTER FOR PEDIATRIC ONCOLOGY P	65,000	ELECTRONIC			
(221)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE - TENTS TO SYRIA	61,400	ELECTRONIC			
(222)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DIABETES PREVENTION IN TUSCANY	58,538	ELECTRONIC			
(223)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ALL-INCLUSIVE PLAYGROUND	55,556	ELECTRONIC			
(224)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FURNISH DORMITORY AT DIABETES CAMP	51,600	WIRE			
(225)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT PRIMARY SCHOOL IN SIERRA LEONE	39,485	ELECTRONIC			
(226)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	35,000	WIRE			
(227)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	30,263	ELECTRONIC			
(228)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP PEDIATRIC ONCOLOGY WARD	29,898	ELECTRONIC			
(229)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	25,000	ELECTRONIC			
(230)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP & RENOVATE KITCHEN AT CHILDREN'S REHABILITATION CENTER	23,000	ELECTRONIC			
(231)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP SENSORY ROOM FOR AUTISM	22,653	ELECTRONIC			
(232)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT SCHOOL IN TOGO (LOCAL MATCH)	21,875	ELECTRONIC			
(233)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP HOSPITAL CARDIOLOGY UNIT	20,500	ELECTRONIC			
(234)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMMUNITY RECOVERY	20,000	ELECTRONIC			
(235)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	18,000	ELECTRONIC			
(236)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND CENTER FOR REFUGEES	17,382	ELECTRONIC			

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		GREENLAND)						
(237)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PSYCHOLOGICAL SUPPORT FOR BULLYING VICTIMS	16,650	ELECTRONIC			
(238)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(239)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(240)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(241)		EUROPE (INCLUDING ICELAND AND GREENLAND)	HOUSING FOR PEOPLE IN SUBSTANCE ABUSE TREATMENT	14,815	ELECTRONIC			
(242)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESTORE PUBLIC PARK	14,500	ELECTRONIC			
(243)		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORT VEHICLE FOR DISABLED	14,352	ELECTRONIC			
(244)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ALZHEIMER CAFE	13,867	ELECTRONIC			
(245)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOSTER FAMILY PROGRAM	13,000	ELECTRONIC			
(246)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	13,000	ELECTRONIC			
(247)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	12,500	ELECTRONIC			
(248)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	12,294	ELECTRONIC			
(249)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FURNISH & EQUIP HOME FOR HOMELESS CHILDREN	11,917	ELECTRONIC			
(250)		EUROPE (INCLUDING ICELAND AND GREENLAND)	STUDENT DIABETES SUPPORTERS	10,200	WIRE			
(251)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	WIRE			
(252)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	WIRE			
(253)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(254)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(255)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	ELECTRONIC			
(256)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			
(257)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CORONAVIRUS RELIEF	10,000	ELECTRONIC			
(258)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	ELECTRONIC			
(259)		EUROPE	EQUIP &	10,000	ELECTRONIC			

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		(INCLUDING ICELAND AND GREENLAND)	RENOVATE CENTER FOR ABUSED WOMEN					
(260)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CORONAVIRUS RELIEF	10,000	ELECTRONIC			
(261)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	ELECTRONIC			
(262)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(263)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CORONAVIRUS RELIEF	10,000	ELECTRONIC			
(264)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(265)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CORONAVIRUS RELIEF	10,000	ELECTRONIC			
(266)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			
(267)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			
(268)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			
(269)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	WIRE			
(270)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CORONAVIRUS RELIEF	10,000	WIRE			
(271)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(272)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	ELECTRONIC			
(273)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(274)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(275)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	10,000	WIRE			
(276)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	9,957	ELECTRONIC			
(277)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	8,000	ELECTRONIC			
(278)		EUROPE (INCLUDING ICELAND AND GREENLAND)	TEACHING MATERIALS FOR SCHOOLS	7,000	ELECTRONIC			
(279)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SCHOLARSHIPS FOR CLIMATE RESEARCHERS	6,600	ELECTRONIC			
(280)		EUROPE (INCLUDING ICELAND AND GREENLAND)	AFTER SCHOOL LEARNING SUPPORT FOR PWD	6,500	ELECTRONIC			
(281)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIGHT AGAINST DIABETES FOR THE HEARING IMPAIRED	5,500	ELECTRONIC			
(282)		EUROPE	WATER PUMP	5,159	ELECTRONIC			

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		(INCLUDING ICELAND AND GREENLAND)	AND WEATHER STATION FOR CITY					
(283)		MIDDLE EAST AND NORTH AFRICA	PURCHASE RETCAM TO DIAGNOSE ROP	89,067	WIRE			
(284)		MIDDLE EAST AND NORTH AFRICA	EQUIP REGIONAL BLOOD BANK IN TUNISIA	53,000	WIRE			
(285)		MIDDLE EAST AND NORTH AFRICA	EQUIP PEDIATRIC SURGICAL ROOM	30,623	ELECTRONIC			
(286)		MIDDLE EAST AND NORTH AFRICA	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(287)		MIDDLE EAST AND NORTH AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(288)		MIDDLE EAST AND NORTH AFRICA	COVID-19 RELIEF	10,000	WIRE			
(289)		MIDDLE EAST AND NORTH AFRICA	WILDFIRE RELIEF	10,000	WIRE			
(290)		MIDDLE EAST AND NORTH AFRICA	COVID-19 RELIEF	10,000	WIRE			
(291)		MIDDLE EAST AND NORTH AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(292)		NORTH AMERICA (CANADA & MEXICO ONLY)	BUILD AND EQUIP LIONS DIABETES CENTER	100,000	WIRE			
(293)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP TRENTON MEMORIAL HOSPITAL	79,336	CHECK			
(294)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE EQUIPMENT FOR EYE INSTITUTE OF ALBERTA	60,256	CHECK			
(295)		NORTH AMERICA (CANADA & MEXICO ONLY)	"TEEN ZONE" FOR PEDIATRIC ONCOLOGY UNIT AT HOSPITAL	57,017	CHECK			
(296)		NORTH AMERICA (CANADA & MEXICO ONLY)	LQ COMMUNITY PARTNERSHIP GRANT 2019	30,000	WIRE			
(297)		NORTH AMERICA (CANADA & MEXICO ONLY)	NORTHERN TRAVELLING DIABETES RESOURCE PROGRAM	27,750	CHECK			
(298)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP FOOD BANK	26,718	ELECTRONIC			
(299)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP HOSPITAL WITH VENTILATOR	21,260	CHECK			
(300)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE OPHTHALMOLOGY EQUIPMENT	20,992	ELECTRONIC			
(301)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP 24 HOURS DIALYSIS CENTER	15,438	WIRE			
(302)		NORTH AMERICA (CANADA & MEXICO ONLY)	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(303)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE SLIT LAMP FOR HOSPITAL	12,115	CHECK			
(304)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(305)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(306)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			

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(307)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(308)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(309)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(310)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(311)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	ELECTRONIC			
(312)		NORTH AMERICA (CANADA & MEXICO ONLY)	HURRICANE RELIEF	10,000	WIRE			
(313)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	WIRE			
(314)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(315)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(316)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(317)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(318)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(319)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(320)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(321)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(322)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID-19 RELIEF	10,000	WIRE			
(323)		RUSSIA AND NEIGHBORING STATES	LIONS QUEST	149,141	WIRE			
(324)		RUSSIA AND NEIGHBORING STATES	LIONS QUEST	149,049	WIRE			
(325)		RUSSIA AND NEIGHBORING STATES	LIONS QUEST	76,500	WIRE			
(326)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOM IN ORPHANAGES	75,000	WIRE			
(327)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOMS IN ORPHANAGES	75,000	WIRE			
(328)		RUSSIA AND NEIGHBORING STATES	SENSORY ROOMS IN ORPHANAGES	75,000	WIRE			
(329)		RUSSIA AND NEIGHBORING STATES	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(330)		RUSSIA AND NEIGHBORING STATES	EQUIP LIBRARY FOR THE BLIND	15,000	WIRE			
(331)		RUSSIA AND NEIGHBORING STATES	RENOVATE ORPHANAGE	13,920	WIRE			
(332)		RUSSIA AND NEIGHBORING STATES	COVID-19 RELIEF	10,000	WIRE			
(333)		RUSSIA AND NEIGHBORING STATES	COVID-19 RELIEF	10,000	WIRE			
(334)		RUSSIA AND NEIGHBORING STATES	COVID-19 RELIEF	10,000	WIRE			
(335)		SOUTH AMERICA	EXPANSION OF THE MEDIA LUNA EYE CARE	231,914	WIRE			

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			NETWORK					
(336)		SOUTH AMERICA	EXPAND EMERGENCY ROOM	100,000	ELECTRONIC			
(337)		SOUTH AMERICA	CONSTRUCT AND EQUIP PATIENT GUEST HOUSE	97,883	ELECTRONIC			
(338)		SOUTH AMERICA	EQUIP HOSPITAL EN CATRIEL ARGENTINA	95,250	WIRE			
(339)		SOUTH AMERICA	EQUIP GLAUCOMA CENTER	92,762	ELECTRONIC			
(340)		SOUTH AMERICA	EQUIP NURSING HOME	90,094	ELECTRONIC			
(341)		SOUTH AMERICA	SUPPLEMENTAL GRANT TO SFP2033/LC-8	85,118	ELECTRONIC			
(342)		SOUTH AMERICA	EQUIP VISION CENTER	84,153	ELECTRONIC			
(343)		SOUTH AMERICA	RENOVATE AND EQUIP PEDIATRIC UNIT	83,084	ELECTRONIC			
(344)		SOUTH AMERICA	EQUIP AND FURNISHING FOR CANDELARIA HOSPITAL	82,240	CHECK			
(345)		SOUTH AMERICA	EQUIP HOSPITAL WITH X-RAY MACHINE	77,549	ELECTRONIC			
(346)		SOUTH AMERICA	SFP2114/O-2 SUPPLEMENTAL GRANT (LDSC)	75,101	WIRE			
(347)		SOUTH AMERICA	ESTABLISH GERIATRIC CENTER AT HOSPITAL	75,000	ELECTRONIC			
(348)		SOUTH AMERICA	RENOVATE AND EQUIP PEDIATRIC AND PSYCHIATRIC UNITS	75,000	ELECTRONIC			
(349)		SOUTH AMERICA	BUILD AND EQUIP HOSPITAL LAUNDRY SERVICE	74,489	CHECK			
(350)		SOUTH AMERICA	EQUIP GUEST HOUSE FOR PEDIATRIC CANCER PATIENTS	71,209	ELECTRONIC			
(351)		SOUTH AMERICA	EXPAND SCHOOL IN CARTAGENA	67,865	WIRE			
(352)		SOUTH AMERICA	BUILD AND EQUIP CENTER FOR DISABLED CHILDREN	66,490	ELECTRONIC			
(353)		SOUTH AMERICA	COVID-19 RELIEF	65,000	CHECK			
(354)		SOUTH AMERICA	EQUIP HOSPITAL	61,721	CHECK			
(355)		SOUTH AMERICA	LQ COMMUNITY PARTNERSHIP GRANT 2019	60,000	WIRE			
(356)		SOUTH AMERICA	THERAPY EQUIPMENT FOR DISABLED CHILDREN	58,971	ELECTRONIC			
(357)		SOUTH AMERICA	EXPAND AND EQUIP LIONS CENTER FOR THE DISABLED	54,410	ELECTRONIC			
(358)		SOUTH AMERICA	EXPAND NURSING HOMES	50,252	WIRE			

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(359)		SOUTH AMERICA	EQUIP VISION CENTER	46,409	ELECTRONIC			
(360)		SOUTH AMERICA	ESTABLISH OPHTHALMIC CENTER, VILLA OCAMPO	42,857	WIRE			
(361)		SOUTH AMERICA	LIONS QUEST	42,000	WIRE			
(362)		SOUTH AMERICA	EQUIP BLIND ASSOCIATION PRINT SHOP	35,313	CHECK			
(363)		SOUTH AMERICA	COVID-19 RELIEF	30,000	WIRE			
(364)		SOUTH AMERICA	EQUIP SURGICAL ROOM	20,060	CHECK			
(365)		SOUTH AMERICA	LIONS QUEST	18,515	ELECTRONIC			
(366)		SOUTH AMERICA	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(367)		SOUTH AMERICA	EYE SCREENING AND GLASSES	10,320	ELECTRONIC			
(368)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(369)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(370)		SOUTH AMERICA	WILDFIRE RELIEF	10,000	WIRE			
(371)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(372)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(373)		SOUTH AMERICA	HAILSTORM RELIEF	10,000	ELECTRONIC			
(374)		SOUTH AMERICA	HAILSTORM RELIEF	10,000	ELECTRONIC			
(375)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(376)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(377)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(378)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(379)		SOUTH AMERICA	LANDSLIDE RELIEF	10,000	ELECTRONIC			
(380)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(381)		SOUTH AMERICA	CORONAVIRUS RELIEF	10,000	ELECTRONIC			
(382)		SOUTH AMERICA	FLOOD	10,000	ELECTRONIC			
(383)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(384)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(385)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(386)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(387)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(388)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(389)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(390)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(391)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(392)		SOUTH AMERICA	COVID-19 RELIEF	10,000	ELECTRONIC			
(393)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(394)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(395)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(396)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(397)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(398)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(399)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(400)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(401)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(402)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(403)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(404)		SOUTH AMERICA	TORNADO RELIEF	10,000	CHECK			



(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(405)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(406)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(407)		SOUTH AMERICA	EQUIP APAE CONCORDIA	10,000	ELECTRONIC			
(408)		SOUTH AMERICA	WILDFIRE RELIEF	10,000	WIRE			
(409)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(410)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(411)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(412)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(413)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(414)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(415)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(416)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(417)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(418)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(419)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(420)		SOUTH AMERICA	CORONAVIRUS RELIEF	10,000	WIRE			
(421)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(422)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(423)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(424)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(425)		SOUTH AMERICA	CORONAVIRUS RELIEF	10,000	WIRE			
(426)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(427)		SOUTH AMERICA	COVID-19 RELIEF	10,000	WIRE			
(428)		SOUTH AMERICA	COVID-19 RELIEF	9,967	ELECTRONIC			
(429)		SOUTH AMERICA	FLOOD RELIEF	8,677	ELECTRONIC			
(430)		SOUTH AMERICA	PROVIDE BASIC SUPPLIES TO THE ELDERLY	6,137	ELECTRONIC			
(431)		SOUTH AMERICA	AIR CONDITIONERS TO WELFARE CENTER	5,605	CHECK			
(432)		SOUTH ASIA	SPECIAL OLYMPICS - INDIA (2019-2020)	333,334	ELECTRONIC			
(433)		SOUTH ASIA	UPGRADE KD SANAN EYE HOSPITAL, BATALA	165,041	ELECTRONIC			
(434)		SOUTH ASIA	VISION AND EYE HEALTH IN OCCUPATIONAL GROUPS STUDY (VOGS) IN THE STATE OF TELANGANA, INDIA	99,301	WIRE			
(435)		SOUTH ASIA	J & J SIGHT FOR KIDS - KERALA PHASE 14	63,810	CHECK			
(436)		SOUTH ASIA	UPGRADE COMPREHENSIVE EYE CARE UNIT IN ALIBAG	57,606	CHECK			
(437)		SOUTH ASIA	J & J SIGHT FOR KIDS - KOLKATA PHASE 14	44,600	CHECK			
(438)		SOUTH ASIA	UPGRADE REVANKAR LIONS EYE HOSPITAL	36,020	WIRE			
(439)		SOUTH ASIA	J & J SIGHT FOR KIDS - HYDERABAD	34,621	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PHASE 15					
(440)		SOUTH ASIA	UPGRADE BALANAGAR LIONS EYE HOSPITAL	26,656	ELECTRONIC			
(441)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL AMRITSAR	14,119	ELECTRONIC			
(442)		SOUTH ASIA	CONSTRUCT LIONS MEDICAL CENTER IN NEPAL	12,320	ELECTRONIC			
(443)		SOUTH ASIA	CATARACT SURGERIES	11,700	CHECK			
(444)		SOUTH ASIA	SFP2079/321-D: SUPPLEMENTAL GRANT	11,000	CHECK			
(445)		SOUTH ASIA	MEDICAL CAMPS FOR RURAL AREAS	10,200	CHECK			
(446)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(447)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(448)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(449)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(450)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(451)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(452)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(453)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(454)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(455)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(456)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(457)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(458)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(459)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(460)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(461)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(462)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(463)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(464)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(465)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(466)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(467)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(468)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(469)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(470)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(471)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(472)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(473)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(474)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(475)		SOUTH ASIA	CYCLONE RELIEF	10,000	CHECK			
(476)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(477)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(478)		SOUTH ASIA	LANDSLIDE RELIEF	10,000	CHECK			
(479)		SOUTH ASIA	COVID-19 RELIEF	10,000	CHECK			
(480)		SOUTH ASIA	COVID-19 RELIEF	10,000	CHECK			
(481)		SOUTH ASIA	COVID-19 RELIEF	10,000	CHECK			
(482)		SOUTH ASIA	COVID-19 RELIEF	10,000	CHECK			
(483)		SOUTH ASIA	EARTHQUAKE RELIEF	10,000	WIRE			
(484)		SOUTH ASIA	COVID-19 RELIEF	10,000	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EFFORT					
(485)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(486)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(487)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(488)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(489)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(490)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(491)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(492)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(493)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(494)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	CHECK			
(495)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	CHECK			
(496)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	CHECK			
(497)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(498)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(499)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(500)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(501)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(502)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(503)		SOUTH ASIA	COVID-19 RELIEF	10,000	CHECK			
(504)		SOUTH ASIA	COVID-19 RELIEF EFFORT	10,000	CHECK			
(505)		SOUTH ASIA	FLOOD RELIEF	10,000	WIRE			
(506)		SOUTH ASIA	COVID-19 RELIEF	8,500	CHECK			
(507)		SOUTH ASIA	COVID-19 RELIEF	8,000	WIRE			
(508)		SOUTH ASIA	CONSTRUCT ROOMS AT HOME FOR WOMEN AND CHILDREN	7,383	WIRE			
(509)		SOUTH ASIA	FLOOD RELIEF	7,307	CHECK			
(510)		SOUTH ASIA	FOOD DISTRIBUTION FOR LOW-INCOME SENIOR CITIZENS	7,000	CHECK			
(511)		SOUTH ASIA	WATER PURIFIERS FOR SCHOOLS	6,770	CHECK			
(512)		SOUTH ASIA	SUPPLIES FOR SCHOOLCHILDREN	6,218	CHECK			
(513)		SOUTH ASIA	FLOOD RELIEF	6,000	CHECK			
(514)		SOUTH ASIA	CONSTRUCTION OF WATER DAMS	5,774	CHECK			
(515)		SOUTH ASIA	SEWING MACHINES FOR LOW-INCOME WOMEN	5,736	CHECK			
(516)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION IN AMHARA REGIONAL STATE, ETHIOPIA	2,550,000	WIRE			
(517)		SUB-SAHARAN AFRICA	RIVER BLINDNESS ELIMINATION, ETHIOPIA	1,200,000	WIRE			
(518)		SUB-SAHARAN AFRICA	SOUTHERN LUAPULA	606,667	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROVINCE EYE CARE PROJECT					
(519)		SUB-SAHARAN AFRICA	COMPREHENSIVE EYE CARE SYSTEM DEVELOPMENT IN MADAGASCAR, 2019-2022	431,570	WIRE			
(520)		SUB-SAHARAN AFRICA	EXPANSION OF EYE CARE SERVICES IN BOMA AND BAS-FLEUVE DISTRICTS	400,236	WIRE			
(521)		SUB-SAHARAN AFRICA	COMPREHENSIVE EYE CARE PROJECT AT NSAMBYA HOSPITAL	279,765	WIRE			
(522)		SUB-SAHARAN AFRICA	EYE CARE SYSTEM DEVELOPMENT IN TAHOUA AND TILLABÉRI, PHASE II	256,803	WIRE			
(523)		SUB-SAHARAN AFRICA	SFP2078/411-B SUPPLEMENTAL GRANT (LDSC)	129,855	WIRE			
(524)		SUB-SAHARAN AFRICA	LIONS QUEST	105,250	WIRE			
(525)		SUB-SAHARAN AFRICA	CLEAN WATER PROJECT WITH HSBC MAURITIUS	100,000	WIRE			
(526)		SUB-SAHARAN AFRICA	CONSTRUCT LIONS DIALYSIS CENTER IN AKURE	100,000	WIRE			
(527)		SUB-SAHARAN AFRICA	CLEAN WATER & SANITATION PROJECT IN IVORY COAST	100,000	WIRE			
(528)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION, MALI	100,000	WIRE			
(529)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION, NIGER	100,000	WIRE			
(530)		SUB-SAHARAN AFRICA	DEVELOPMENT AND FIELD-TESTING OF A PROTOCOL FOR THE ASSESSMENT OF THE PREVALENCE OF THE MAIN CAUSES OF OCULAR MORBIDITY AND VISION LOSS IN A REPRESENTATIVE POPULATION SAMPLE OF ALL AGES	99,651	WIRE			
(531)		SUB-SAHARAN AFRICA	DIABETES AWARENESS, SCREENING AND TREATMENT IN IGANDO, LAGOS STATE	99,000	WIRE			
(532)		SUB-SAHARAN AFRICA	MR CAMPAIGN 2019 - TANZANIA	98,000	WIRE			
(533)		SUB-SAHARAN AFRICA	VOCATIONAL TRAINING CENTER FOR THE DEAF IN	95,000	ELECTRONIC			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TANZANIA					
(534)		SUB-SAHARAN AFRICA	ASSESSING QUALITY DIFFERENCES BETWEEN A SMARTPHONE-BASED DEVICE AND A PORTABLE RETINOGRAPH FOR DIABETIC RETINOPATHY SCREENING AT THE SECONDARY LEVEL IN MALI	87,600	WIRE			
(535)		SUB-SAHARAN AFRICA	ESTABLISH CHILDREN'S CANCER CENTER AT M.P. SHAH HOSPITAL	83,333	WIRE			
(536)		SUB-SAHARAN AFRICA	ESTABLISH CHILDREN'S CANCER HOSPITAL AT M.P. SHAH HOSPITAL	83,333	WIRE			
(537)		SUB-SAHARAN AFRICA	EXPAND ST. PATRICK'S SCHOOL AT THIKA	75,000	WIRE			
(538)		SUB-SAHARAN AFRICA	MR CAMPAIGN 2019 - ZIMBABWE	70,550	WIRE			
(539)		SUB-SAHARAN AFRICA	UPGRADE OTA STATE GENERAL HOSPITAL LIONS EYE CLINIC	64,993	WIRE			
(540)		SUB-SAHARAN AFRICA	EXPAND PRIMARY SCHOOL IN UGANDA	63,277	ELECTRONIC			
(541)		SUB-SAHARAN AFRICA	DIABETES SCREENING AND AWARENESS IN CENTRAL AND SOUTHERN NIGERIA	60,065	WIRE			
(542)		SUB-SAHARAN AFRICA	RENOVATE PRIMARY SCHOOL IN MADAGASCAR	58,173	WIRE			
(543)		SUB-SAHARAN AFRICA	SFP2100/404-B1 SUPPLEMENTAL GRANT (LDSC)	56,791	WIRE			
(544)		SUB-SAHARAN AFRICA	CONSTRUCT SCHOOL IN RURAL TOGO	54,855	ELECTRONIC			
(545)		SUB-SAHARAN AFRICA	TRACHOMA AND ONCHOCERCIASIS ADVOCACY IN ETHIOPIA, 2019-2020	50,100	CHECK			
(546)		SUB-SAHARAN AFRICA	DIABETES SCREENING AND AWARENESS IN LAGOS, OGUN, ONDO, EDO AND DELTA STATES	48,255	WIRE			
(547)		SUB-SAHARAN AFRICA	CLEAN WATER PROJECT IN MALI	33,320	WIRE			
(548)		SUB-SAHARAN AFRICA	LIONS DIABETES AWARENESS AND PREVENTION PROJECT IN THE KAMPALA METROPOLITAN AREA	30,092	WIRE			
(549)		SUB-SAHARAN AFRICA	J & J SIGHT FOR	30,000	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			KIDS - KENYA 2019					
(550)		SUB-SAHARAN AFRICA	CLEAN WATER PROJECT IN TOGO	17,137	ELECTRONIC			
(551)		SUB-SAHARAN AFRICA	DIABETES SCREENING AND AWARENESS IN OUAGADOUGOU AND BOBO-DIOULASSO, BURKINA FASO	17,000	WIRE			
(552)		SUB-SAHARAN AFRICA	SFP2087/413: SUPPLEMENTAL GRANT (DAVID AND MOLLY PYOTT), 2020	15,644	WIRE			
(553)		SUB-SAHARAN AFRICA	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(554)		SUB-SAHARAN AFRICA	LQ COMMUNITY PARTNERSHIP GRANT 2019	15,000	WIRE			
(555)		SUB-SAHARAN AFRICA	ESTABLISH PRIMARY EYE CARE SERVICES AT BWINDI COMMUNITY HOSPITAL	15,000	WIRE			
(556)		SUB-SAHARAN AFRICA	LIONS QUEST	15,000	WIRE			
(557)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(558)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(559)		SUB-SAHARAN AFRICA	COVID 19 RELIEF	10,000	WIRE			
(560)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(561)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(562)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(563)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(564)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(565)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(566)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(567)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(568)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(569)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(570)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(571)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(572)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(573)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(574)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(575)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(576)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(577)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(578)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(579)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(580)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(581)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(582)		SUB-SAHARAN AFRICA	CORONAVIRUS RELIEF	10,000	WIRE			
(583)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(584)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(585)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(586)		SUB-SAHARAN AFRICA	COVID-19 RELIEF EFFORT	10,000	WIRE			
(587)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(588)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(589)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(590)		SUB-SAHARAN AFRICA	LANDSLIDE RELIEF	10,000	WIRE			
(591)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(592)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(593)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(594)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(595)		SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	9,000	WIRE			
(596)		SUB-SAHARAN AFRICA	UPGRADE LIONS DIALYSIS CENTER IN AKURE (LOCAL MATCH)	6,533	WIRE			
(597)		SUB-SAHARAN AFRICA	DIABETES AWARENESS AND SCREENING IN CAPE TOWN	5,044	WIRE			

Part V

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANT AWARDS ARE SUBJECT TO BOARD APPROVAL AND RECIPIENTS MUST MEET REQUIREMENTS NECESSARY TO RECEIVE SAID GRANT. LCIF STAFF MONITORS THE REQUIREMENTS ON A REGULAR BASIS TO ENSURE ALL AWARDS ARE PROPER. AFTER GRANTS ARE DISBURSED IN PART OR IN FULL, THE RECIPIENT MUST PROVIDE AN INTERIM OR FINAL REPORT, WHICH INCLUDES FINANCIAL DOCUMENTATION OF THE USE OF GRANT FUNDS AND LOCAL MATCHING FUNDS AND A NARRATIVE OF THE ACTIONS TAKEN IN DEVELOPING THE PROJECT. THE INTERIM OR FINAL REPORT IS INITIALLY REVIEWED AND APPROVED BY THE GRANT ADMINISTRATOR. THE REPORT IS THEN REVIEWED AND APPROVED BY THE DISTRICT CABINET (OR MULTIPLE DISTRICT COUNCIL) BEFORE SUBMISSION TO LCIF.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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.

(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
<b>(1)</b> SPECIAL OLYMPICS 1133 19TH ST. NW, WASHINGTON, DC 20036	52-0889518	501 (C) 3	1,634,200				(SEE STATEMENT)
<b>(2)</b> GLOBAL HOPE 6621 FANNIN ST, HOUSTON, TX 77030	74-1100555	501 (C) 3	1,000,000				GLOBAL HOPE PARTNERSHIP
<b>(3)</b> THE CARTER CENTER 425 FREEDOM PARKWAY NE, ATLANTA, GA 30307	58-1454716	501 (C) 3	855,540				(SEE STATEMENT)
<b>(4)</b> MULTIPLE DISTRICT 20 33 BERWIN ST, JOHNSON CITY, NY 13790-1703	16-6099328	501 (C) 4	200,000				COVID-19 RELIEF
<b>(5)</b> (SEE STATEMENT)	82-3871209	501 (C) 4	180,984				(SEE STATEMENT)
<b>(6)</b> DISTRICT 204 PO BOX 12218, TAMUNING, GU 96931	66-0634946	501 (C) 4	150,000				(SEE STATEMENT)
<b>(7)</b> DISTRICT 1 CN 3646 COUNTY FARM RD, SALEM, IL 62881	51-0194785	501 (C) 4	100,000				(SEE STATEMENT)
<b>(8)</b> DISTRICT 11 A2 49087 SNOWSHOE, MACOMB, MI 48044	23-7148616	501 (C) 4	100,000				(SEE STATEMENT)
<b>(9)</b> DISTRICT 1 A 6628 WOOD RIVER DRIVE, NILES, IL 60714	36-6106638	501 (C) 4	100,000				(SEE STATEMENT)
<b>(10)</b> DISTRICT 25 B 3454 N SKINNER LAKE DRIVE W, ALBION, IN 46701	23-7313213	501 (C) 4	100,000				(SEE STATEMENT)
<b>(11)</b> DISTRICT 2 A2 P.O. BOX 816, SUTHERLAND SPRINGS, TX 78161	74-2422528	501 (C) 4	99,915				(SEE STATEMENT)
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8

**3** Enter total number of other organizations listed in the line 1 table ▶ 125

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2019)



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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 non-cash assistance	(h) Purpose of grant or assistance
(12) MULTIPLE DISTRICT 20 33 BERWIN ST, JOHNSON CITY, NY 13790	16-6099328	501 (C) 4	84,839				MD 20 LIONS DISASTER WAREHOUSE
(13) MULTIPLE DISTRICT 33 43 STEWART TERRACE, BELMONT, MA 02478	83-0504460	501 (C) 4	75,000				EQUIP PEDIATRIC EYE CARE CENTER AT TUFTS MEDICAL CENTER
(14) MULTIPLE DISTRICT 51 1661 CALLE PEÑASCO, SAN JUAN, PR 00926-3128	60-0612118	501 (C) 4	72,160				LIONS CAMP REPAIR PROJECT - PHASE II
(15) MULTIPLE DISTRICT 51 CALLE PABLO SAEZ 865, SAN JUAN, PR 00924	60-0612118	501 (C) 4	60,000				EARTHQUAKE RELIEF-MD 51
(16) MULTIPLE DISTRICT 32 274 OLD HARDEN ROAD, WINNSBORO, SC 29180	23-7046994	501 (C) 4	52,069				PURCHASE IMAGING SYSTEM
(17) DISTRICT 1 H 624 12TH STREET, SILVIS, IL 61282	36-3559600	501 (C) 4	47,509				LIONS QUEST
(18) DISTRICT 11 C1 3042 118TH AVE, ALLEGAN, MI 49010-9555	38-2487750	501 (C) 4	45,000				FOOD BANK FREEZER EXPANSION
(19) DISTRICT 16 L 348 GOLF VIEW DRIVE, LITTLE EGG HARBOR TWP, NJ 08087-4230	47-1340906	501 (C) 4	40,500				PURCHASE OCT UNIT FOR HOSPITAL
(20) DISTRICT 9 MC 9807 QUAIL RIDGE, URBANDALE, IA 50322	42-1262262	501 (C) 4	39,000				BUILDING A CULTURE OF HEALTH IN RURAL IOWA
(21) DISTRICT 11 D2 322 INDIAN TRAIL, COLUMBIAVILLE, MI 48421	38-2127647	501 (C) 4	34,155				RENOVATE COMMUNITY WALK-IN DIABETIC PREVENTION CENTER
(22) MULTIPLE DISTRICT 12 709 SHANNONDALE WAY, MARYVILLE, TN 37803	58-1721334	501 (C) 4	30,163				VISION SCREENING EQUIPMENT
(23) DISTRICT 32 C 8 LAKESIDE DRIVE, BLUFFTON, SC 29910-8015	30-0327084	501 (C) 4	27,361				PURCHASE VISION SCREENING EQUIPMENT
(24) DISTRICT 20 Y 17 CEDAR STREET, CORTLAND, NY 13045	82-2262906	501 (C) 4	22,256				IMPROVING DIABETES EDUCATION ACCESS AND SUPPORT (IDEAS)
(25) DISTRICT 20 S 21 SWAN VIEW DR., PATCHOGUE, NY 11772-1821	45-5597528	501 (C) 4	21,975				OCT MICROSCOPE FOR LIONS EYE BANK
(26) DISTRICT 1 H 624 12TH STREET, SILVIS, IL 61282	36-3559600	501 (C) 4	20,423				UPGRADE RECREATIONAL FACILITIES AT CHILDHOOD CANCER CLINIC
(27) DISTRICT 19 C P.O.BOX 1207, SILVERDALE, WA 98383-1207	37-1611850	501 (C) 4	20,100				CAMP LEO DIABETES CAMP ELECTRONIC MEDICAL RECORD
(28) DISTRICT 32 S 1110 WILBANKS, SENECA, SC 29678	57-0963906	501 (C) 4	20,000				COMMUNITY RECOVERY
(29) DISTRICT 3 E 3504 WOODLAND ROAD, BARTLESVILLE, OK 74006-4527	82-3871209	501 (C) 4	20,000				COMMUNITY RECOVERY

(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 non-cash assistance	(h) Purpose of grant or assistance
(30) DISTRICT 49 A 1513 YANOVSKY, KODIAK, AK 99615	92-0168503	501 (C) 4	20,000				COMMUNITY RECOVERY
(31) DISTRICT 31 N 1256 CHIMNEY SWIFT DRIVE, FAYETTEVILLE, NC 28306	47-4280673	501 (C) 4	18,750				EXPAND AND ENHANCE TYPE 1 DIABETES YOUTH CAMP
(32) DISTRICT 14 F 13301 N WATSON RUN RD, CONNEAUT LAKE, PA 16316-7015	23-7326285	501 (C) 4	17,815				MEADVILLE PROJECTS FOR THE BLIND
(33) LIONS CLUB OF DISTRICT 6 NE 3506 COLO AVE N, LOVELAND,, CO 80538	84-1040064	501 (C) 4	15,000				LQ COMMUNITY PARTNERSHIP GRANT 2019
(34) DISTRICT 11-B1 LIONS CLUB 3131 PATSIES DR., ANN ARBOR, MI 48108	38-2485837	501 (C) 4	15,000				LQ COMMUNITY PARTNERSHIP GRANT 2019
(35) LIONS CLUB OF DISTRICT 20 E1 9730 HIGHLAND AVE, DANSVILLE, NY 14437	16-1305323	501 (C) 4	15,000				LQ COMMUNITY PARTNERSHIP GRANT 2019
(36) DISTRICT 19 C 2152 DELAWARE ST, LONGVIEW, WA 98632	37-1611850	501 (C) 4	14,000				EXPAND LIONS EYEGLASS RECYCLING CENTER
(37) DISTRICT 24 L 126 LAUNCH WAY, MONTROSS, VA 22520	83-1219361	501 (C) 4	13,489				LIONS EMPOWERING AND AIDING REGIONAL NURSES IN SCHOOLS PHASE 1
(38) DISTRICT 5M 2 20472 371ST AVENUE, GREEN ISLE, MN 55338	41-6039926	501 (C) 4	12,500				EXPAND AND ENHANCE TYPE 1 DIABETES YOUTH CAMP
(39) DISTRICT 14 W 15 GOLF COURSE RD, BEAR CREEK TOWNSHIP, PA 18702	23-2483171	501 (C) 4	11,777				PURCHASE VISION SCREENING EQUIPMENT
(40) DISTRICT 32 S 1198 RIVIERA DR, CHAPPELS, SC 29037	57-0963906	501 (C) 4	10,754				EQUIP SOUTH CAROLINA SCHOOL FOR THE DEAF AND BLIND
(41) DISTRICT 27 E2 560 W KINNE STREET, ELLSWORTH, WI 54011	39-1912519	501 (C) 4	10,485				RENOVATE CHILDREN'S WAITING ROOM AT CANCER CENTER
(42) DISTRICT 1 BK 1228 MASSACHUSETTS, JOLIET, IL 60435- 3715	47-1879591	501 (C) 4	10,408				EQUIP HOSPICE HOME
(43) DISTRICT 43 Y 1020 ANVIL COURT, FLORENCE, KY 41042	61-6025371	501 (C) 4	10,000				COVID-19 RELIEF
(44) DISTRICT 11 E2 2511 VILLENEUVE, ALPENA, MI 49707-9999	38-2117493	501 (C) 4	10,000				COVID-19 RELIEF
(45) DISTRICT 2 S1 904 BERGSTROM PLACE, MARSHALL, TX 75672	74-6061682	501 (C) 4	10,000				TORNADO RELIEF
(46) DISTRICT 14 G 118 TROWBRIDGE STATION ROAD, MILLERTON, PA 16936	25-1638297	501 (C) 4	10,000				COVID-19 RELIEF
(47) DISTRICT 32 C 8 LAKESIDE DRIVE, BLUFFTON, SC 29910- 8015	57-0761379	501 (C) 4	10,000				TORNADO RELIEF
(48) DISTRICT 4 L3 3315 SUNNYNOOK DRIVE, LOS ANGELES, CA 90039	23-7305419	501 (C) 4	10,000				COVID-19 RELIEF

(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 non-cash assistance	(h) Purpose of grant or assistance
(49) DISTRICT 11 E2 2511 VILLENEUVE, ALPENA, MI 49707	38-2117493	501 (C) 4	10,000				FLOOD RELIEF
(50) DISTRICT 32 S 728 SETON RD, COLUMBIA, SC 29212	57-0963906	501 (C) 4	10,000				COVID-19 RELIEF
(51) DISTRICT 11 D2 6195 CHARD ST, MARLETTE, MI 48453	38-2127647	501 (C) 4	10,000				COVID-19 RELIEF
(52) DISTRICT 42 10 RESERVOIR AVENUE, RUMFORD, RI 02916-1517	23-7052949	501 (C) 4	10,000				COVID-19 RELIEF
(53) DISTRICT 11 B1 3468 HURON VIEW COURT, DEXTER, MI 48130	38-2485837	501 (C) 4	10,000				COVID-19 RELIEF
(54) DISTRICT 18 O 1022 HOWELL ROAD, DOERUN, GA 31744	82-2449049	501 (C) 4	10,000				COVID-19 RELIEF
(55) DISTRICT 51 E 1661 CALLE PEÑASCO, SAN JUAN, PR 00926-3126	66-0357992	501 (C) 4	10,000				COVID-19 RELIEF
(56) DISTRICT 51 C 14 CALLE A -3, VEGA BAJA, PR 00694	66-0359767	501 (C) 4	10,000				COVID-19 RELIEF
(57) DISTRICT 27 A2 800 17TH AVE, SOUTH MILWAUKEE, WI 53172-1421	23-7301404	501 (C) 4	10,000				COVID-19 RELIEF
(58) DISTRICT 27 B2 800 17TH AVE, SOUTH MILWAUKEE, WI 53172-1421	61-1623842	501 (C) 4	10,000				COVID-19 RELIEF
(59) DISTRICT 27 D1 800 17TH AVE, SOUTH MILWAUKEE, WI 53172-1421	23-7274219	501 (C) 4	10,000				COVID-19 RELIEF
(60) DISTRICT 35 N 230 174TH STREET, SUNNYISLES BEACH,, FL 33160	46-1671664	501 (C) 3	10,000				ESTABLISH HOSPITAL FOOD PANTRY
(61) DISTRICT 51 O 1661 CALLE PEÑASCO, SAN JUAN, PR 00926-3126	66-0791672	501 (C) 3	10,000				COVID-19 RELIEF
(62) MULTIPLE DISTRICT 51 1661 CALLE PEÑASCO, SAN JUAN, PR 00926-3128	60-0612118	501 (C) 4	10,000				LIONS CAMP REPAIR PROJECT - PHASE III
(63) DISTRICT 36 R 1275 B STREET, INDEPENDENCE, OR 97351	23-7333810	501 (C) 4	10,000				DISASTER PREPAREDNESS
(64) DISTRICT 35 I 10052 BARNETT LOOP, PORT RICHEY, FL 34668	65-0718435	501 (C) 4	10,000				DISASTER PREPAREDNESS
(65) DISTRICT 7 O 1120 MEDALLION COVE, JONESBORO, AR 72404-0606	51-0177276	501 (C) 4	10,000				DISASTER PREPAREDNESS
(66) DISTRICT 1 CS 12241 HAVER ROAD, CARTERVILLE, IL 62918	51-0199783	501 (C) 4	10,000				FLOOD RELIEF
(67) DISTRICT 31 S 138 E. BELMONT DR, HENRICO, NC 27842	47-4491571	501 (C) 4	10,000				HURRICANE RELIEF

(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 non-cash assistance	(h) Purpose of grant or assistance
(68) DISTRICT 2 S1 904 BERGSTROM PLACE, MARSHALL, TX 75672	74-6061682	501 (C) 4	10,000				FLOOD RELIEF
(69) DISTRICT 18-A 2662 WHITEHURST DRIVE NE, MARIETTA, GA 30062	20-8734734	501 (C) 4	10,000				COVID-19 RELIEF
(70) DISTRICT 19 B 12821-16TH AVE. NW, TULALIP, WA 98271	91-1316978	501 (C) 4	10,000				COVID-19 RELIEF
(71) DISTRICT 8 S 2550 CEDARLAWN DRIVE, MARRERO, LA 70072	20-5245690	501 (C) 4	10,000				COVID-19 RELIEF
(72) DISTRICT 4 C5 9321 LA TONIS WAY, ELK GROVE, CA 95758	94-2525213	501 (C) 4	10,000				COVID-19 RELIEF
(73) DISTRICT 12 L 9735 HWY 78, BOGOTA, TN 38007	23-7240556	501 (C) 4	10,000				COVID-19 RELIEF
(74) DISTRICT 4 C4 1281 RACHEL WAY, VALLEJO, CA 94591	51-0213386	501 (C) 4	10,000				COVID-19 RELIEF
(75) DISTRICT 14 H 107 KRYSTAL CIRCLE, ARCHBALD, PA 18403	23-9414987	501 (C) 4	10,000				COVID-19 RELIEF
(76) DISTRICT 2 S2 P.O. BOX 6181, KINGWOOD, TX 77325	30-0445599	501 (C) 4	10,000				COVID-19 RELIEF
(77) DISTRICT 11 A2 29315 TAYLOR STREET, SAINT CLAIR SHORES, MI 48081	23-7148616	501 (C) 4	10,000				COVID-19 RELIEF
(78) DISTRICT 16 J 210 E LINCOLN AVENUE, ROSELLE PARK, NJ 07204	47-1326015	501 (C) 4	10,000				COVID-19 RELIEF
(79) DISTRICT 23 A 124 MUNSON ROAD, BEACON FALLS, CT 06403	06-1419705	501 (C) 4	10,000				COVID-19 RELIEF
(80) DISTRICT 23 B 535 HILL ROAD, HARWINTON, CT 06791	06-0964500	501 (C) 4	10,000				COVID-19 RELIEF
(81) DISTRICT 18-A 2662 WHITEHURST DRIVE NE, MARIETTA, GA 30062	20-8734734	501 (C) 4	10,000				TORNADO RELIEF
(82) DISTRICT 16 N 340 MITCHELL AVE., LINDEN, NJ 07036	47-1314821	501 (C) 4	10,000				COVID-19 RELIEF
(83) DISTRICT 17 K 2005 NORTHGLEN LN, HAYS, KS 67601	47-0973669	501 (C) 4	10,000				COVID-19 RELIEF
(84) DISTRICT 33 A 36 POND VIEW DR., CLINTON, MA 01510	82-2337530	501 (C) 4	10,000				COVID-19 RELIEF
(85) DISTRICT 8 O 502 CHENEAU RD, KAPLAN, LA 70548	46-3408569	501 (C) 4	10,000				COVID-19 RELIEF
(86) DISTRICT 26 M5 2713 SE 7TH ST, BLUE SPRINGS, MO 64014	83-3921401	501 (C) 4	10,000				COVID-19 RELIEF
(87) DISTRICT 16 L 348 GOLF VIEW DRIVE, LITTLE EGG HARBOR TWP, NJ 08087-4230	47-1340906	501 (C) 4	10,000				COVID-19 RELIEF
(88) DISTRICT 25 F P O BOX 711, MILAN, IN 47031	31-0949224	501 (C) 4	10,000				COVID-19 RELIEF

(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 non-cash assistance	(h) Purpose of grant or assistance
(89) DISTRICT 36 G 52324 BARBERRY CIRCLE, LA PINE, OR 97739	23-7309411	501 (C) 4	10,000				COVID-19 RELIEF
(90) DISTRICT 14 W 15 GOLF COURSE RD, BEAR CREEK TOWNSHIP, PA 18702-9702	23-2483171	501 (C) 4	10,000				COVID-19 RELIEF
(91) DISTRICT 4 L1 4875 SUNSET AVE, LA CRESCENTA, CA 91214	95-3287605	501 (C) 4	10,000				COVID-19 RELIEF
(92) DISTRICT 25 C 1703 ARBOR WAY, ZIONSVILLE, IN 46077	45-4380265	501 (C) 4	10,000				COVID-19 RELIEF
(93) DISTRICT 14 J 1075 TREASURE LAKE, DUBOIS, PA 15801	25-1648442	501 (C) 4	10,000				COVID-19 RELIEF
(94) DISTRICT 25 B 3454 N SKINNER LAKE DRIVE W, ALBION, IN 46701	23-7313213	501 (C) 4	10,000				COVID-19 RELIEF
(95) DISTRICT 11 E1 6747 S. LAKE SHORE DR., CEDAR, MI 49621	51-0199789	501 (C) 4	10,000				FLOOD RELIEF
(96) DISTRICT 11 D1 4851 RAYMOND RD, MIDLAND, MI 48642	51-0199787	501 (C) 4	10,000				FLOOD RELIEF
(97) DISTRICT 33 K 43 STEWART TERRACE, BELMONT, MA 02478	23-7328862	501 (C) 4	10,000				COVID-19 RELIEF
(98) DISTRICT 14 E 47 BARRI DR, IRWIN, PA 15642	23-7295767	501 (C) 4	10,000				COVID-19 RELIEF
(99) DISTRICT 25 E 432 N DEER LAKE, BLOOMFIELD, IN 47424	46-1983200	501 (C) 4	10,000				COVID-19 RELIEF
(100) DISTRICT 34 B 1814 SEASONS DR, PRATTVILLE, AL 36066-6105	63-0892764	501 (C) 4	10,000				COVID-19 RELIEF
(101) DISTRICT 13 OH6 P.O. BOX 363, MOUNT ORAB, OH 45154	31-1181905	501 (C) 4	10,000				COVID-19 RELIEF
(102) DISTRICT 13 OH2 121 BROOKVALLEY DRIVE, ELYRIA, OH 44035-1701	34-1196352	501 (C) 4	10,000				COVID-19 RELIEF
(103) DISTRICT 33 Y 241 OUTLOOK AVE, CHESHIRE, MA 01225	22-3029842	501 (C) 4	10,000				COVID-19 RELIEF
(104) DISTRICT 22 C 5812 ROLLING DRIVE, DERWOOD, MD 20855	23-7050709	501 (C) 4	10,000				COVID-19 RELIEF
(105) DISTRICT 27 A1 800 17TH AVE, SOUTH MILWAUKEE, WI 53172-1421	39-1447361	501 (C) 4	10,000				COVID-19 RELIEF
(106) DISTRICT 27 B1 800 17TH AVE, SOUTH MILWAUKEE, WI 53172-1421	23-7159372	501 (C) 4	10,000				COVID-19 RELIEF
(107) DISTRICT 27 E2 800 17TH AVE, SOUTH MILWAUKEE, WI 53172-1421	39-1912519	501 (C) 4	10,000				COVID-19 RELIEF

(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 non-cash assistance	(h) Purpose of grant or assistance
(108) MULTIPLE DISTRICT 19 3815 ROSEWOOD STREET, LONGVIEW, WA 98632	23-7048586	501 (C) 4	10,000				PURCHASE VISION SCREENING EQUIPMENT
(109) DISTRICT 36 R 1275 B STREET, INDEPENDENCE, OR 97351	23-7333810	501 (C) 4	10,000				COVID-19 RELIEF
(110) DISTRICT 4 A1 3909 SHAWNEE DR, MODESTO, CA 95356	23-7426310	501 (C) 4	9,938				DISASTER PREPAREDNESS
(111) DISTRICT 35 N 230 174TH STREET, SUNNYISLES BEACH,, FL 33160	46-1671664	501 (C) 3	9,895				ESTABLISH HOSPITAL FOOD PANTRY (LOCAL MATCH)
(112) DISTRICT 8 L 4968 OLD OAK DRIVE, BENTON, LA 71006	72-0928468	501 (C) 4	9,849				COVID-19 RELIEF
(113) DISTRICT 12 S 32 HONEYSUCKLE COURT, MANCHESTER, TN 37355-6885	46-1298726	501 (C) 4	9,677				COVID-19 RELIEF
(114) BLESSINGS IN A BACKPACK 4121 SHELBYVILLE RD., LOUISVILLE, KY 40207	26-1964602	501 (C) 3	9,500				LIONS-ANTHEM VOLUNTEER DAYS (2019)
(115) DISTRICT 19 E PO BOX 1223, RATHDRUM, ID 83858	26-3200944	501 (C) 4	9,427				COVID-19 RELIEF
(116) DISTRICT 12 O 3800 GAINESBORO GRADE #F1, COOKEVILLE, TN 38501	51-0170754	501 (C) 4	9,024				TORNADO RELIEF
(117) DISTRICT 2 S1 904 BERGSTROM PLACE, MARSHALL, TX 75672	74-6061682	501 (C) 4	9,000				DISASTER PREPAREDNESS
(118) DISTRICT 2 X2 6322 GREEN HILLS ROAD, GILMER, TX 75645-8355	36-3204821	501 (C) 4	9,000				DISASTER PREPAREDNESS
(119) DISTRICT 22 D 206 SWEDES ST, DEWEY BEACH, DE 19971	51-0325033	501 (C) 4	8,022				PURCHASE VISION SCREENER
(120) DISTRICT 22 W 2326 SYKESVILLE RD, WESTMINSTER, MD 21157	52-1175370	501 (C) 4	8,000				ROAR LIKE A LION SERVICE PROJECT
(121) DISTRICT 12 S 32 HONEYSUCKLE COURT, MANCHESTER, TN 37355-6885	46-1298726	501 (C) 4	7,954				TORNADO RELIEF
(122) DISTRICT 23 A 124 MUNSON ROAD, BEACON FALLS, CT 06403	06-1419705	501 (C) 4	7,762				COVID-19 RELIEF
(123) DISTRICT 4 C2 7592 BETH COURT, ROHNERT PARK, CA 94928	23-7151956	501 (C) 4	7,627				WILDFIRE RELIEF
(124) THE GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE., INDIANAPOLIS, IN 46241	35-1483868	501 (C) 3	7,500				LIONS-ANTHEM VOLUNTEER DAYS (2019)
(125) DISTRICT 36 O 26065 GENEVA, ROCKAWAY, OR 97136	23-7048601	501 (C) 4	7,200				DISASTER PREPAREDNESS
(126) DISTRICT 23 B 535 HILL ROAD, HARWINTON, CT 06791	06-0964500	501 (C) 4	6,700				COVID-19 RELIEF



(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 non-cash assistance	(h) Purpose of grant or assistance
(127) DISTRICT 23 C 2 AUTUMN RIDGE DRIVE, WINDHAM, CT 06280	06-1051190	501 (C) 4	6,557				COVID-19 RELIEF
(128) DISTRICT 4 C4 1281 RACHEL WAY, VALLEJO, CA 94591	51-0213386	501 (C) 4	6,320				COVID-19 RELIEF
(129) DISTRICT 4 L3 3315 SUNNYNOOK DRIVE, LOS ANGELES, CA 90039	23-7305419	501 (C) 4	6,100				COVID-19 RELIEF
(130) DISTRICT 9 MC 2540 180TH ST, MARSHALLTOWN, IA 50158-8931	42-1262262	501 (C) 4	6,000				BACK PACK PROGRAM FOR FOOD BANK
(131) DISTRICT 20 W 3037 CO HWY 107, AMSTERDAM, NY 12010	91-1937957	501 (C) 4	6,000				FLOOD RELIEF
(132) DISTRICT 27 E1 987 23RD STREET, CHETEK, WI 54728	26-0093644	501 (C) 4	5,800				FOOD PANTRY EXPANSION
(133) DISTRICT 27 E2 560 W KINNE STREET, ELLSWORTH, WI 54011	39-1912519	501 (C) 4	5,088				RENOVATE CHILDREN'S WAITING ROOM AT CANCER CENTER (LOCAL MATCH)

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	GRANT AWARDS ARE SUBJECT TO BOARD APPROVAL AND RECIPIENTS MUST MEET REQUIREMENTS NECESSARY TO RECEIVE SAID GRANT. LCIF STAFF MONITORS THE REQUIREMENTS ON A REGULAR BASIS TO ENSURE ALL AWARDS ARE PROPER. AFTER GRANTS ARE DISBURSED IN PART OR IN FULL, THE RECIPIENT MUST PROVIDE AN INTERIM OR FINAL REPORT, WHICH INCLUDES FINANCIAL DOCUMENTATION OF THE USE OF GRANT FUNDS AND LOCAL MATCHING FUNDS AND A NARRATIVE OF THE ACTIONS TAKEN IN DEVELOPING THE PROJECT. THE INTERIM OR FINAL REPORT IS INITIALLY REVIEWED AND APPROVED BY THE GRANT ADMINISTRATOR. THE REPORT IS THEN REVIEWED AND APPROVED BY THE DISTRICT CABINET (OR MULTIPLE DISTRICT COUNCIL) BEFORE SUBMISSION TO LCIF.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DISTRICT 3 E 1039 N KENWOOD AVENUE, BROKEN ARROW, OK 74012-1912
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SPECIAL OLYMPICS: LCIF SPECIAL OLYMPICS PARTNERSHIP (2019-2020)
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE CARTER CENTER: ONCHOCERCIASIS ELIMINATION PROGRAM OF THE AMERICAS (OEPA)
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 3 E: EXPANSION OF LOW VISION SERVICES IN OKLAHOMA
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 204: IMPROVING ACCESS TO DIABETES CARE FOR GUAM'S ISLAND COMMUNITY
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 1 CN: PLAYGROUND FOR DISABLED CHILDREN
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 11 A2: ALL INCLUSIVE PLAYGROUND FOR DISABLED CHILDREN
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 1 A: ALL INCLUSIVE PLAYGROUND FOR CHILDREN
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 25 B: FACILITY EXPANSION FOR TRANSPORT SERVICES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 2 A2: EQUIP AND EXPAND TEXAS DIABETES INSTITUTE

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	✓	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>		✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>		✓
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	REBECCA DAOU LCIF EXECUTIVE ADMINISTRATOR	(i) 222,920	(ii) 0	(iii) 90	56,031	23,177	302,218	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	JOHNNY COOPER CHIEF OF PHILANTHROPY	(i) 185,205	(ii) 0	(iii) 54	11,254	9,050	205,563	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
16		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS</p>	<p>TRAVEL EXPENSES FOR A COMPANION ACCOMPANYING THE TWO PRESIDENTIAL APPOINTEES TO THE LCIF BOARD OF TRUSTEES, WHEN ATTENDING THE LCIF EXECUTIVE COMMITTEE MEETINGS THAT IMMEDIATELY PRECEDE THE LCI BOARD OF DIRECTORS MEETINGS, WILL BE REIMBURSED ACCORDING TO LIONS CLUBS INTERNATIONAL FOUNDATION'S GENERAL REIMBURSEMENT RULES IF THE COMPANION IS PRESENT AT SCHEDULED LIONS CLUBS INTERNATIONAL FUNCTIONS AND EVENTS, AND WILL NOT BE TAXABLE TO THEM. REIMBURSEMENT WILL NOT BE PROVIDED IF THE COMPANION DOES NOT ATTEND SCHEDULED FUNCTIONS AND EVENTS.</p> <p>TRAVEL EXPENSES FOR A COMPANION ACCOMPANYING THE LCIF EXECUTIVE ADMINISTRATOR WILL BE REIMBURSED ACCORDING TO LIONS CLUBS INTERNATIONAL FOUNDATION'S GENERAL REIMBURSEMENT RULES AND IS TAXABLE TO THEM.</p> <p>IN ADDITION, THE LCIF CHAIRPERSON MAY AUTHORIZE TRAVEL ON BEHALF OF LCIF, INCLUDING COMPANION TRAVEL, PROVIDED SUCH TRAVEL IS IN ACCORDANCE WITH THE GENERAL REIMBURSEMENT POLICY AND THE EXPENSE IS COVERED WITHIN THE LCIF BUDGET.</p>

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of Treasury Internal Revenue Service

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the Organization  
**LIONS CLUBS INTERNATIONAL FOUNDATION**

Employer Identification Number  
**23-7030455**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	THROUGH THE SPECIAL OLYMPICS MISSION INCLUSION PARTNERSHIP, LIONS HAVE SCREENED THE VISION OF MORE THAN 445,231 ATHLETES IN 93 DIFFERENT COUNTRIES. THROUGH INVOLVEMENT WITHIN THE MEASLES INITIATIVE AND GAVI, THE VACCINE ALLIANCE SINCE 2010, LIONS HELPED SUPPORT THE VACCINATION OF MILLIONS OF CHILDREN IN MEASLES ENDEMIC COUNTRIES.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	EXPANDED OR EQUIPPED*NEARLY 500 MILLION DOSES OF MEDICATION DISTRIBUTED TO CONTROL OR HALT ONCHOCERCIASIS AND TRACHOMA, MORE THAN 898 THOUSAND SIGHT-SAVING SURGERIES TO REVERSE THE ADVANCED STAGE OF TRACHOMA. SIGHTFIRST INVESTMENTS HAVE ALSO BEEN CRITICAL IN HELPING THE GOVERNMENTS OF COLOMBIA, ECUADOR, GUATEMALA AND MEXICO ELIMINATE ONCHOCERCIASIS TRANSMISSION AS WELL AS SIGNIFICANTLY REDUCE THE IMPACT OF THE DISEASE IN CAMEROON, ETHIOPIA, MALI AND UGANDA.
FORM 990, PART V, LINE 2 - NUMBER OF EMPLOYEES REPORTED ON W-3	THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS (EIN: 36-1263962), AN AFFILIATED ORGANIZATION, IS THE COMMON PAYMASTER FOR LIONS CLUBS INTERNATIONAL FOUNDATION; THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS RELATING TO BOTH OF THE ORGANIZATION'S EMPLOYEES ARE REPORTED BY THE ASSOCIATION. THE FOUNDATION HAS 81 EMPLOYEES, THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS, THE COMMON PAYING AGENT, REPORTED 389 EMPLOYEES ON FORM W-3 FOR 2019.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF NO MORE THAN TEN (10) MEMBERS. THE CHAIRPERSON OF THE FOUNDATION, THE VICE CHAIRPERSON OF THE FOUNDATION, THE TREASURER OF THE FOUNDATION, THE SECRETARY OF THE FOUNDATION, THE EXECUTIVE OFFICERS OF THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS AND TWO LCIF TRUSTEES APPOINTED BY THE PRESIDENT OF THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS SHALL COMPRISE THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, BY AND WITH THE APPROVAL OF SAID BOARD OF TRUSTEES, WHICH COMMITTEE MAY ACT FOR AND ON BEHALF OF THE BOARD OF TRUSTEES ONLY WHEN THE MEMBERS OF SAID BOARD ARE NOT ASSEMBLED IN SESSION. NO BOARD ACTION SHALL BE ALTERED, AMENDED OR RESCINDED BY THE EXECUTIVE COMMITTEE. THE PRESENCE OF SIX (6) MEMBERS OF SAID COMMITTEE SHALL CONSTITUTE A QUORUM AT ANY MEETING THEREOF. THE ACT OF A MAJORITY OF SUCH MEMBERS SHALL BE THE ACT OF THE COMMITTEE. SAID COMMITTEE MAY TRANSACT BUSINESS BY TELEPHONE CONFERENCE CALL OR OTHER ELECTRONIC OR SUITABLE MEANS PROVIDED SIX (6) MEMBERS PARTICIPATE THEREIN, AND THE VOTE OF A MAJORITY OF THE MEMBERS PARTICIPATING SHALL BE CONSIDERED THE ACT OF THE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL MEET IMMEDIATELY BEFORE THE OCTOBER/NOVEMBER AND MARCH/APRIL LCI BOARD OF DIRECTORS MEETINGS AND AT OTHER TIMES AS MAY BE NECESSARY, TO PREPARE RECOMMENDATIONS FOR CONSIDERATION AND ACTION BY THE BOARD OF TRUSTEES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>1. THE LCIF MANAGER OF FINANCIAL PLANNING AND ANALYSIS IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990. THE LIONS CLUBS INTERNATIONAL FOUNDATION EXECUTIVE ADMINISTRATOR AND LIONS CLUBS INTERNATIONAL TREASURER ALSO REVIEW.</p> <p>2. THE LCIF FINANCE COMMITTEE REVIEWS THE DRAFT TAX RETURN AT ITS JANUARY MEETING. ALSO, A COMPLETED FORM 990 WILL BE PROVIDED TO THE FOUNDATION'S BOARD OF TRUSTEES VIA A SECURE WEBSITE. ALL QUESTIONS AND CONCERNS WILL BE ADDRESSED BY STAFF OF LIONS CLUBS INTERNATIONAL FOUNDATION PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>BY BOARD POLICY, EACH MEMBER OF THE BOARD OF TRUSTEES, INCLUDING APPOINTEES, KEY MANAGEMENT PERSONNEL, AND ALL EMPLOYEES ARE REQUIRED TO SUBMIT AN ANNUAL STATEMENT ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY AND THEIR INDIVIDUAL COMPLIANCE. THE ANNUAL STATEMENT IS SUBMITTED TO THE LIONS CLUBS INTERNATIONAL FINANCE AND HEADQUARTERS OPERATION COMMITTEE FOR REVIEW.</p> <p>PROCEDURES:</p> <p>1. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE INTERESTED PERSON (AN INDIVIDUAL THAT HAS A DIRECT OR INDIRECT FINANCIAL INTEREST) MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.</p> <p>2. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.</p> <p>3. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ASSOCIATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE ASSOCIATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION</p>

Return Reference - Identifier	Explanation																																							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>SALARY REVIEW IS ADMINISTERED BY LIONS CLUBS INTERNATIONAL ON BEHALF OF LIONS CLUBS INTERNATIONAL FOUNDATION. LINE 15A IS MARKED "NO" SINCE SALARY ADMINISTRATION IS NOT DIRECTLY HANDLED BY THE FILING ORGANIZATION.</p> <p>1. SALARY SURVEYS ARE CONDUCTED ANNUALLY TO ASSURE THE SALARY RANGES AND SALARY INCREASE FIGURES USED ARE COMPARABLE TO SALARIES PAID BY THE EXISTING LABOR MARKET.</p> <p>2. A PERFORMANCE REVIEW OF THE EXECUTIVE ADMINISTRATOR IS CONDUCTED ANNUALLY BY THE LIONS CLUBS INTERNATIONAL FOUNDATION EXECUTIVE COMMITTEE. SALARY INCREASE AND/OR BONUS FOR THE EXECUTIVE ADMINISTRATOR SHALL BE DETERMINED INDIVIDUALLY BY THE EXECUTIVE COMMITTEE, ACTING IN CAPACITY OF THE COMPENSATION COMMITTEE.</p> <p>3. THE SALARY REVIEW PROCESS IS CONTEMPORANEOUSLY DOCUMENTED</p>																																							
FORM 990, PART VI, LINE 15B - PROCESS FOR ESTABLISHING COMPENSATION	THE FOUNDATION DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES; THEREFORE, THIS QUESTION HAS BEEN INTENTIONALLY CHECKED "NO."																																							
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WI, WV																																							
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S FORM 990 IS AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG.</p> <p>THE FOUNDATION'S FORM 990-T AND UNSIGNED FORM 1023 ARE AVAILABLE UPON REQUEST.</p> <p>A CURRENT COPY OF THE FOUNDATION'S 501(C)(3) DETERMINATION LETTER FROM THE IRS IS ALSO AVAILABLE UPON REQUEST.</p>																																							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG.</p> <p>THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.</p>																																							
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 953 751 1010">(a) Description</th> <th data-bbox="760 953 946 1010">(b) Total Expenses</th> <th data-bbox="954 953 1125 1010">(c) Program Service Expenses</th> <th data-bbox="1133 953 1320 1010">(d) Management and General Expenses</th> <th data-bbox="1328 953 1513 1010">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1020 751 1052">PROFESSIONAL FEES</td> <td data-bbox="760 1020 946 1052">3,052,506</td> <td data-bbox="954 1020 1125 1052">1,011,344</td> <td data-bbox="1133 1020 1320 1052">193,669</td> <td data-bbox="1328 1020 1513 1052">1,847,493</td> </tr> <tr> <td data-bbox="467 1062 751 1094">HEADQUARTER COST ALLOCATION</td> <td data-bbox="760 1062 946 1094">3,650,892</td> <td data-bbox="954 1062 1125 1094">1,220,315</td> <td data-bbox="1133 1062 1320 1094">1,638,346</td> <td data-bbox="1328 1062 1513 1094">792,231</td> </tr> <tr> <td data-bbox="467 1104 751 1136">LIONS QUEST PROGRAM DEVELOPMENT</td> <td data-bbox="760 1104 946 1136">168,875</td> <td data-bbox="954 1104 1125 1136">168,875</td> <td data-bbox="1133 1104 1320 1136"></td> <td data-bbox="1328 1104 1513 1136"></td> </tr> <tr> <td data-bbox="467 1146 751 1178">AUXILIARY STAFF EXPENSES</td> <td data-bbox="760 1146 946 1178">100,370</td> <td data-bbox="954 1146 1125 1178"></td> <td data-bbox="1133 1146 1320 1178"></td> <td data-bbox="1328 1146 1513 1178">100,370</td> </tr> <tr> <td data-bbox="467 1188 751 1220">LIONS QUEST FULFILLMENT/WAREHOUSE SERVICES</td> <td data-bbox="760 1188 946 1220">116,486</td> <td data-bbox="954 1188 1125 1220">116,486</td> <td data-bbox="1133 1188 1320 1220"></td> <td data-bbox="1328 1188 1513 1220"></td> </tr> <tr> <td data-bbox="467 1230 751 1262">TRANSLATION EXPENSE</td> <td data-bbox="760 1230 946 1262">81,374</td> <td data-bbox="954 1230 1125 1262">7,219</td> <td data-bbox="1133 1230 1320 1262">19,628</td> <td data-bbox="1328 1230 1513 1262">54,527</td> </tr> </tbody> </table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	PROFESSIONAL FEES	3,052,506	1,011,344	193,669	1,847,493	HEADQUARTER COST ALLOCATION	3,650,892	1,220,315	1,638,346	792,231	LIONS QUEST PROGRAM DEVELOPMENT	168,875	168,875			AUXILIARY STAFF EXPENSES	100,370			100,370	LIONS QUEST FULFILLMENT/WAREHOUSE SERVICES	116,486	116,486			TRANSLATION EXPENSE	81,374	7,219	19,628	54,527
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																																				
PROFESSIONAL FEES	3,052,506	1,011,344	193,669	1,847,493																																				
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LIONS QUEST PROGRAM DEVELOPMENT	168,875	168,875																																						
AUXILIARY STAFF EXPENSES	100,370			100,370																																				
LIONS QUEST FULFILLMENT/WAREHOUSE SERVICES	116,486	116,486																																						
TRANSLATION EXPENSE	81,374	7,219	19,628	54,527																																				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount																																			
RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS					3,743,059																																			

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Employer identification number  
23-7030455

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2019



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part II****Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LCIF INDIA 19, NIRLON HOUSE, 4TH FLOOR, 254-B, DR. ANNIE BESANT ROAD, WORLI, MUMBAI, 400030, IN	PROMOTION OF VARIOUS LIONS PROGRAMS IN INDIA AND OTHER COUNTRIES IN THE REGION	INDIA			LIONS CLUBS INTERNATIONAL FOUNDATION	✓	

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PERPETUAL TRUST (1) BENEFICIAL INTEREST IN DONOR TRUSTS, C/O LCIF 300 WEST 22ND STREET, OAK BROOK, IL 60523	DISTRIBUTION OF TRUST ASSETS TO BENEFICIARIES			TRUST					