

PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

A For the 2020 calendar year, or tax year beginning <u>07/01</u> , 2020, and ending <u>06/30</u> , 20 <u>21</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>LIONS CLUBS INTERNATIONAL FOUNDATION</u>
	Doing business as <u>LCIF</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>300 WEST 22ND STREET</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>OAK BROOK, IL 60523-8842</u>
	F Name and address of principal officer: <u>REBECCA DAOU</u> <u>SAME AS C ABOVE</u>
D Employer identification number <u>23-7030455</u>	
E Telephone number <u>(630) 468-6901</u>	
G Gross receipts \$ <u>136,935,340</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>WWW.LCIF.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: <u>1968</u>	
M State of legal domicile: <u>IL</u>	

Part I Summary

Activities & Governance	1	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>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>22</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>22</u>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 <u>87</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>23,325</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a <u>17,907</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>44,596,468</u> Current Year <u>44,688,565</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0</u> <u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>9,071,494</u> <u>15,899,375</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>488,821</u> <u>(291,146)</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>54,156,783</u> <u>60,296,794</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>31,482,907</u> <u>30,211,332</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>6,910,136</u> <u>7,134,372</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u> <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>8,622,296</u>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>15,228,114</u> <u>11,612,863</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>53,621,157</u> <u>48,958,567</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>535,626</u> <u>11,338,227</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>315,979,891</u> End of Year <u>376,255,002</u>
	21	Total liabilities (Part X, line 26)	<u>17,176,169</u> <u>16,957,809</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>298,803,722</u> <u>359,297,193</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		Date			
	<u>REBECCA DAOU, LCIF EXECUTIVE ADMINISTRATOR</u>					
Paid Preparer Use Only	Print/Type preparer's name <u>ROBERT WILLIAMS</u>		Preparer's signature <u><i>Robert M Williams</i></u>	Date <u>1/27/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01345960</u>
	Firm's name ▶ <u>CROWE LLP</u>		Firm's EIN ▶ <u>35-0921680</u>			
	Firm's address ▶ <u>1455 PENNSYLVANIA AVENUE, NW, SUITE 700, WASHINGTON, DC 20004-1008</u>		Phone no. <u>(202) 624-5555</u>			
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
TO EMPOWER LIONS CLUBS, VOLUNTEERS, AND PARTNERS TO IMPROVE HEALTH AND WELL-BEING, STRENGTHEN COMMUNITIES, AND SUPPORT THOSE IN NEED THROUGH HUMANITARIAN SERVICES AND GRANTS THAT IMPACT LIVES GLOBALLY, AND ENCOURAGE PEACE AND INTERNATIONAL UNDERSTANDING.
- 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 \$ 21,717,502 including grants of \$ 18,220,918) (Revenue \$ 78,376)
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 20 MILLION STUDENTS AND 800,000 EDUCATORS IN MORE THAN 110 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, THROUGH
 (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 9,693,359 including grants of \$ 8,017,562) (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\$372 MILLION IN 1,398 PROJECTS IN 117 COUNTRIES, RESULTING IN: 9.6 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 \$ 4,301,408 including grants of \$ 3,972,852) (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 5,200 EMERGENCY GRANTS HAVE BEEN AWARDED WORLDWIDE.

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

4e Total program service expenses **▶** 35,712,269

Part IV Checklist of Required Schedules

	Yes	No
1 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>	1 ✓	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	✓
3 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>	3	✓
4 Section 501(c)(3) organizations. 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>	4	✓
5 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>	5	✓
6 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>	6	✓
7 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>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	✓
9 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>	9	✓
10 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>	10 ✓	
11 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.		
a 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>	11a ✓	
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>	11b ✓	
c 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>	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e ✓	
f 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>	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	✓
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>	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
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>	14b ✓	
15 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>	15 ✓	
16 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>	16	✓
17 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>	17	✓
18 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>	18	✓
19 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>	19	✓
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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>	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 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? If "Yes," complete Schedule L, Part II	26	✓
27 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? If "Yes," complete Schedule L, Part III	27	✓
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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)? If "Yes," complete Schedule R, Part V, line 2	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 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? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

		Yes	No
2a 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	2a 87		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓	
4a 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)?	4a	✓	
b If "Yes," enter the name of the foreign country IN See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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.	15		✓
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓

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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 22 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 Enter the number of voting members included on line 1a, above, who are independent 1b 22		
2 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? 2		<input checked="" type="checkbox"/>
3 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? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a 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? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, CA, CO, \(CONTINUED ON SCHEDULE O\)](#)

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 ContractorsCheck 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			✓				237,780	0	62,450
(2) CHRISTOPHER PLUNKETT DIV. MGR., LCIF DEVELOPMENT	40.0 0.0					✓		124,705	0	16,302
(3) ERIK BREJLA INSTITUTIONAL GIVING MANAGER	40.0 0.0					✓		107,772	0	31,614
(4) MICHELLE COVINGTON DEPT. MANAGER, LCIF MARKETING	40.0 0.0					✓		121,328	0	7,576
(5) CHRISTINE HASTINGS MANAGER, FINANCIAL PLANNING & ANALYSIS	40.0 0.0					✓		111,282	0	6,630
(6) ELLEN WINTER STRATEGIC GIVING MANAGER	40.0 0.0					✓		106,534	0	6,388
(7) GUDRUN YNGVADOTTIR LCIF CHAIRPERSON	20.0 0.0	✓		✓				0	0	0
(8) DR. NARESH AGGARWAL VICE CHAIRPERSON	2.0 0.0	✓		✓				0	0	0
(9) SANDRO CASTELLANA SECRETARY	2.0 0.0	✓		✓				0	0	0
(10) DR. TA-LUNG CHIANG TREASURER	2.0 0.0	✓		✓				0	0	0
(11) ARDIE KLEMISH TRUSTEE	2.0 0.0	✓						0	0	0
(12) ARUNA ABHEY OSWAL TRUSTEE	2.0 0.0	✓						0	0	0
(13) BRIAN E SHEEHAN INTERNATIONAL SECOND VICE-PRESIDENT	5.0 0.0	✓						0	0	0
(14) CHIKAO SUZUKI TRUSTEE	2.0 0.0	✓						0	0	0

Form **990** (2020)

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) DOO-HOON AHN TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) DOUGLAS X. ALEXANDER INTERNATIONAL FIRST VICE PRESIDENT	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) DR. JITSUHIRO YAMADA TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DR. JUNG-YUL CHOI LCI INTERNATIONAL PRESIDENT	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) DR. MANOJ SHAH TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) DR. PATTI HILL INTERNATIONAL THIRD VICE PRESIDENT	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) GARNET E DAVIS TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) IN-KYO OH TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JAMES E ERVIN TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) LEWIS QUINN TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								809,401	0	130,960
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								809,401	0	130,960

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 **6**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☒
- 4** 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? If "Yes," complete Schedule J for such individual **4** ☒
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☒

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	3,671,883
COMMUNITY COUNSELLING SERVICES, 527 MADISON AVE, NEW YORK, NY 10022	FUNDRAISING LOAN STAFF SERVICES	995,370
WORLD HEALTH ORGANIZATION, 20 AVENUE APPIA, 1211 GENEVA 27, SZ	TECHNICAL SUPPORT	586,058
JPMORGAN, CHASE TOWER 21 S. CLARK ST, 42ND FL, CHICAGO, IL 60603	INVESTMENT ADVISORS	538,618
BUZZGEN, 5441 AMEND ROAD, EL SOBRANTE, CA 94803	SOCIAL/DIGITAL MARKETING	349,540

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 **7**

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	44,688,565			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 365,786			
	h	Total. Add lines 1a-1f		44,688,565			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,844,555		13,580	5,830,975
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .					
	c	Gain or (loss)	10,054,820	0			
	d	Net gain or (loss)		10,054,820		4,327	10,050,493
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		310,268			
	b	Less: cost of goods sold		236,595			
	c	Net income or (loss) from sales of inventory		73,673	73,673		
Miscellaneous Revenue	Business Code						
	11a	CURRENCY EXCHANGE LOSS	900099	(369,522)			(369,522)
	b	LIONS QUEST TRAINING WORKSHOPS, NET OF COSTS	900099	18,417	18,417		
	c	LIONS QUEST ONLINE LICENSES, NET OF COSTS	900099	(13,714)	(13,714)		
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		(364,819)			
12	Total revenue. See instructions		60,296,794	78,376	17,907	15,511,946	

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 ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,996,025	5,996,025		
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	24,215,307	24,215,307		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	317,320	222,124	47,598	47,598
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	5,124,360	1,943,971	1,452,033	1,728,356
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	719,563	278,317	200,816	240,430
9 Other employee benefits	579,578	224,173	161,749	193,656
10 Payroll taxes	393,551	152,220	109,833	131,498
11 Fees for services (nonemployees):				
a Management				
b Legal	34,036	3,136	13,341	17,559
c Accounting	50,150		50,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	611,660		611,660	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,922,452	2,426,250	1,624,347	1,871,855
12 Advertising and promotion	455,259	96,362	40	358,857
13 Office expenses	1,296,731	30,666	169,819	1,096,246
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	371,222	(5,071)	18,013	358,280
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,179	7,173	14,650	15,356
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,708	56,692	99,016	
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>	2,551,355	947	13,733	2,536,675
b <u>SPONSORSHIP FEES</u>	55,021	55,021		
c <u>BUSINESS TAXES</u>	37,193		37,067	126
d <u>GIFTS AND ENTERTAINMENT</u>	21,615	5,097		16,518
e All other expenses	13,282	3,859	137	9,286
25 Total functional expenses. Add lines 1 through 24e	48,958,567	35,712,269	4,624,002	8,622,296
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	4,942,864	2	13,874,363
	3 Pledges and grants receivable, net	8,637,142	3	6,460,819
	4 Accounts receivable, net	51,057	4	77,246
	5 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	5	0
	6 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	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,141,147	9	1,165,385
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,317,053		
	b Less: accumulated depreciation	10b 4,897,596	575,165	10c 419,457
	11 Investments—publicly traded securities	258,832,823	11	298,011,496
	12 Investments—other securities. See Part IV, line 11	35,713,180	12	48,858,305
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,086,513	15	7,387,931
16 Total assets. Add lines 1 through 15 (must equal line 33)	315,979,891	16	376,255,002	
Liabilities	17 Accounts payable and accrued expenses	1,142,327	17	1,023,878
	18 Grants payable	15,954,988	18	15,747,619
	19 Deferred revenue		19	115,885
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	78,854	25	70,427
	26 Total liabilities. Add lines 17 through 25	17,176,169	26	16,957,809
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	254,693,736	27	321,330,314
	28 Net assets with donor restrictions	44,109,986	28	37,966,879
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	298,803,722	32	359,297,193
33 Total liabilities and net assets/fund balances	315,979,891	33	376,255,002	

Form **990** (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,296,794
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,958,567
3	Revenue less expenses. Subtract line 2 from line 1	3	11,338,227
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	298,803,722
5	Net unrealized gains (losses) on investments	5	47,009,549
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,145,695
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	359,297,193

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 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.		
2a 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
c 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.	<input checked="" type="checkbox"/>	
3a 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?		<input checked="" type="checkbox"/>
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		

Form **990** (2020)

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	✓						0	0	0
(26) ROBERT CORLEW ----- TRUSTEE	2.0 ----- 0.0	✓						0	0	0
(27) RONAL ARTHUR LUXTON ----- TRUSTEE	2.0 ----- 0.0	✓						0	0	0
(28) VIJAY KUMAR RAJU ----- TRUSTEE	2.0 ----- 0.0	✓						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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,060,376	48,057,506	50,960,795	44,596,468	44,688,565	227,363,710
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	39,060,376	48,057,506	50,960,795	44,596,468	44,688,565	227,363,710
5 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
6 Public support. Subtract line 5 from line 4						227,363,710

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	39,060,376	48,057,506	50,960,795	44,596,468	44,688,565	227,363,710
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,103,311	3,409,693	3,865,982	6,160,775	5,844,554	23,384,315
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	123,375	0	123,375
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,921	33,028	3,173	637	0	41,759
11 Total support. Add lines 7 through 10						250,913,159
12 Gross receipts from related activities, etc. (see instructions)					12	3,737,760
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	90.61 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.47 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. 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 stop here. 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 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
b 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>		
c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b 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>		
c 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 lines 5b and 5c 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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>		
b 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>		
c 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 line 10b below.</i>		
b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 Part VI 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.			
2a			
b Did the activities described in line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No," provide details in Part VI .			
3a			
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 Part VI the role played by the organization in this regard.			
3b			

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.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2020

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020
	MISCELLANEOUS	4,921	33,028	3,173	637	0
	Total	4,921	33,028	3,173	637	0

**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

2020

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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
1a Beginning of year balance	1,161,320	1,139,473	606,700	584,508	525,768
b Contributions			515,876		
c Net investment earnings, gains, and losses	246,198	21,847	29,557	55,322	58,740
d Grants or scholarships	14,171		12,660	33,130	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,393,347	1,161,320	1,139,473	606,700	584,508

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 ☐ 72.91 %

c Term endowment ☐ 27.09 %

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
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,317,053	4,897,596	419,457
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				419,457

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	34,715,284	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	14,143,021	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	48,858,305	

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)		
Total. (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)	
Total. (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	70,427
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	70,427

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	108,739,496
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	47,009,549
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,044,813
e	Add lines 2a through 2d	2e	49,054,362
3	Subtract line 2e from line 1	3	59,685,134
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	611,660
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	611,660
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	60,296,794

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	48,383,410
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	36,503
e	Add lines 2a through 2d	2e	36,503
3	Subtract line 2e from line 1	3	48,346,907
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	611,660
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	611,660
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	48,958,567

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.

[SEE STATEMENT](#)

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	2,044,813
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	- 2,145,695
	LCIF INDIA EXPESNES - CONSOLIDATED IN AUDITED FINANCIAL STATEMENTS	2,182,198

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, THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- **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 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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	243,073
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTMAKING	7,775,390
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	GRANTMAKING	2,966,370
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	1,945,037
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	GRANTMAKING	590,331
(6) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GRANTMAKING	482,539
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES	GRANTMAKING	2,122,417
(8) SOUTH ASIA	1	0	PROGRAM SERVICES	GRANTMAKING	2,415,166
(9) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	5,674,984
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	PROJECT CONSULTING	9,000
(11) EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	PROJECT CONSULTING	14,625
(12) SOUTH AMERICA	0	3	PROGRAM SERVICES	PROJECT CONSULTING	29,881
(13) SOUTH ASIA	0	2	PROGRAM SERVICES	PROJECT CONSULTING	26,993
(14) SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	PROJECT CONSULTING	37,774
(15) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		1,477,856
(16) EAST ASIA AND THE PACIFIC	0	2	ADMINISTRATIVE SUPPORT		88,189
(17) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		36,748,474
3a Subtotal	1	12			62,648,099
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	12			62,648,099

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

Cat. No. 50082W

Schedule F (Form 990) 2020

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 a tax exempt 501(c)(3) organization 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 . . . ►

471

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**

Schedule F (Form 990) 2020

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	LIONS QUEST	150,000	WIRE			
(2)		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	30,000	WIRE			
(3)		CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL STORM ETA RELIEF	10,000	WIRE			
(4)		CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL STORM RELIEF	10,000	WIRE			
(5)		CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL STORM ETA RELIEF	10,000	WIRE			
(6)		CENTRAL AMERICA AND THE CARIBBEAN	FLOOD RELIEF	10,000	WIRE			
(7)		CENTRAL AMERICA AND THE CARIBBEAN	FLOOD RELIEF	10,000	WIRE			
(8)		CENTRAL AMERICA AND THE CARIBBEAN	VOLCANO RELIEF	10,000	WIRE			
(9)		EAST ASIA AND THE PACIFIC	HUALIEN EARTHQUAKE RELIEF	629,595	CHECK			
(10)		EAST ASIA AND THE PACIFIC	2013 PHILIPPINES TYPHOON HAIYAN	426,065	CHECK			
(11)		EAST ASIA AND THE PACIFIC	HUMANITARIAN AWARD 2020-2021	250,000	CHECK			
(12)		EAST ASIA AND THE PACIFIC	CONSTRUCT CHILD FRIENDLY AREA AT TAIPEI CANCER CENTER	150,000	CHECK			
(13)		EAST ASIA AND THE PACIFIC	CONSTRUCT & EQUIP FAMILY HOME FOR CHILDREN WITH CANCER	136,781	WIRE			
(14)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE SKIN CANCER SCREENING UNIT	100,000	CHECK			
(15)		EAST ASIA AND THE PACIFIC	EQUIP PALLIATIVE CARE UNIT	100,000	CHECK			
(16)		EAST ASIA AND THE PACIFIC	TYPHOON HAGIBIS JAPAN RELIEF	100,000	CHECK			
(17)		EAST ASIA AND THE PACIFIC	2020 JAPAN FLOODING	100,000	CHECK			
(18)		EAST ASIA AND THE PACIFIC	CONSTRUCT OUTDOOR REHABILITATION FACILITY AT CHILDREN'S HOSPITAL	100,000	CHECK			
(19)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(20)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(21)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE HEALTH & DIABETES SCREENING VEHICLE	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)
(22)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(23)		EAST ASIA AND THE PACIFIC	CONSTRUCT ELEMENTARY SCHOOL IN THAILAND	100,000	CHECK			
(24)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(25)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(26)		EAST ASIA AND THE PACIFIC	EQUIP DIALYSIS CENTER	100,000	WIRE			
(27)		EAST ASIA AND THE PACIFIC	2020 KOREA FLOODING	99,971	CHECK			
(28)		EAST ASIA AND THE PACIFIC	EQUIP LIONS DIALYSIS CENTER IN MALAYSIA	92,522	WIRE			
(29)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE DIABETES CARE VEHICLE	90,450	CHECK			
(30)		EAST ASIA AND THE PACIFIC	EQUIP LIONS DIALYSIS CENTER IN MALAYSIA	90,000	WIRE			
(31)		EAST ASIA AND THE PACIFIC	NATIONAL MODELS OF FINANCING AND PROVISION OF OPTICAL SERVICES - STRUCTURES AND PERFORMANCE	88,846	WIRE			
(32)		EAST ASIA AND THE PACIFIC	EQUIP LIONS SIGHT CENTER	70,000	CHECK			
(33)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE VISION SCREENING VEHICLE	69,013	CHECK			
(34)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE VISION SCREENING VEHICLE	67,893	CHECK			
(35)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - THAILAND 2020	66,327	WIRE			
(36)		EAST ASIA AND THE PACIFIC	PURCHASE MOBILE LAUNDRY UNIT FOR DISABLED & SENIORS	66,000	CHECK			
(37)		EAST ASIA AND THE PACIFIC	CONDUCTING A FIRST-TIME RAPID ASSESSMENT OF AVOIDABLE BLINDNESS (RAAB) SURVEY IN SAMOA USING RAAB7	64,940	CHECK			
(38)		EAST ASIA AND THE PACIFIC	PURCHASE AMBULANCE FOR HOSPITAL IN THAILAND	62,500	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)
(39)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	61,725	WIRE			
(40)		EAST ASIA AND THE PACIFIC	TREE PLANTING PROJECT	61,365	CHECK			
(41)		EAST ASIA AND THE PACIFIC	ESTABLISH CHILDREN'S LIBRARY AT RURAL ELEMENTARY SCHOOL	59,000	CHECK			
(42)		EAST ASIA AND THE PACIFIC	PURCHASE FOOD DELIVERY TRUCK	58,000	CHECK			
(43)		EAST ASIA AND THE PACIFIC	PURCHASE TWO TRANSPORT VEHICLES FOR HOSPITAL	51,798	CHECK			
(44)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	51,019	WIRE			
(45)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - PHILIPPINES PHASE 15	50,000	CHECK			
(46)		EAST ASIA AND THE PACIFIC	EXPAND CENTER FOR DISABLED	50,000	CHECK			
(47)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE HEALTH VEHICLE FOR HOSPITAL IN THAILAND	49,228	WIRE			
(48)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS FOR LOW INCOME STUDENTS	47,505	CHECK			
(49)		EAST ASIA AND THE PACIFIC	PURCHASE BUS FOR CHILDREN IN EL SALVADOR	47,500	CHECK			
(50)		EAST ASIA AND THE PACIFIC	PURCHASE VISION SCREENING EQUIPMENT	44,267	CHECK			
(51)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	44,000	CHECK			
(52)		EAST ASIA AND THE PACIFIC	ARTIFICIAL LEGS SUPPORT FOR THE DISABLED	43,092	CHECK			
(53)		EAST ASIA AND THE PACIFIC	LIONS QUEST	41,900	CHECK			
(54)		EAST ASIA AND THE PACIFIC	EXPAND HIGH SCHOOL IN CAMBODIA	41,752	CHECK			
(55)		EAST ASIA AND THE PACIFIC	EQUIP LIONS CENTER FOR AUTISTIC CHILDREN IN MALAYSIA	40,350	WIRE			
(56)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR UNDERSERVED STUDENTS	40,000	CHECK			
(57)		EAST ASIA AND THE PACIFIC	EQUIP LIONS PRIMARY SCHOOL IN HONG KONG	40,000	WIRE			
(58)		EAST ASIA AND THE PACIFIC	BUSES TO TRANSPORT RURAL RESIDENTS TO MEDICAL CARE	39,336	CHECK			
(59)		EAST ASIA AND THE PACIFIC	ASSISTIVE EQUIPMENT FOR PEOPLE WITH DISABILITIES	38,782	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)
(60)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	38,000	CHECK			
(61)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	38,000	CHECK			
(62)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	37,632	WIRE			
(63)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	36,271	WIRE			
(64)		EAST ASIA AND THE PACIFIC	TAOYUAN DIABETES SCREENING AND EDUCATION	35,885	CHECK			
(65)		EAST ASIA AND THE PACIFIC	PURCHASE LIFEBOAT & EQUIPMENT FOR EMERGENCY RESCUE ASSOCIATION	34,138	CHECK			
(66)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED ATHLETES	34,110	CHECK			
(67)		EAST ASIA AND THE PACIFIC	BLOOD TRANSPORT VEHICLE	34,100	CHECK			
(68)		EAST ASIA AND THE PACIFIC	FOOD AND DAILY NECESSITIES FOR FAMILIES IN NEED	34,000	CHECK			
(69)		EAST ASIA AND THE PACIFIC	PURCHASE 4 TRANSPORT VEHICLES FOR DISABLED	33,390	CHECK			
(70)		EAST ASIA AND THE PACIFIC	EXPAND HIGH SCHOOL IN CAMBODIA (LOCAL MATCH)	32,665	CHECK			
(71)		EAST ASIA AND THE PACIFIC	DEDICATING MONUMENT TO ORGAN DONORS	32,664	CHECK			
(72)		EAST ASIA AND THE PACIFIC	RENOVATE ELEMENTARY SCHOOL IN INDONESIA	29,817	CHECK			
(73)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	29,815	WIRE			
(74)		EAST ASIA AND THE PACIFIC	DIABETES SERVICE STATION	28,462	WIRE			
(75)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	27,500	WIRE			
(76)		EAST ASIA AND THE PACIFIC	TUG-OF-WAR TOURNAMENT	27,273	CHECK			
(77)		EAST ASIA AND THE PACIFIC	EQUIP SERVICE CENTER WITH VEHICLE	26,925	CHECK			
(78)		EAST ASIA AND THE PACIFIC	SPONSOR SCHOOL GRADUATION	26,747	CHECK			
(79)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	26,579	CHECK			
(80)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR VISUALLY IMPAIRED	26,565	CHECK			
(81)		EAST ASIA AND THE PACIFIC	EQUIP EMERGENCY	26,000	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)
			ORGANIZATION WITH FORKLIFT					
(82)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	25,510	WIRE			
(83)		EAST ASIA AND THE PACIFIC	ALL INCLUSIVE PLAYGROUND FOR DISABLED CHILDREN	25,000	CHECK			
(84)		EAST ASIA AND THE PACIFIC	LIONS QUEST	25,000	CHECK			
(85)		EAST ASIA AND THE PACIFIC	LIONS QUEST	24,938	WIRE			
(86)		EAST ASIA AND THE PACIFIC	EQUIP DISASTER RELIEF ORGANIZATION WITH VEHICLE AND FORKLIFT	24,000	CHECK			
(87)		EAST ASIA AND THE PACIFIC	EQUIPPING WOMEN'S GROUP WITH VEHICLE	22,500	CHECK			
(88)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	22,100	CHECK			
(89)		EAST ASIA AND THE PACIFIC	LIONS QUEST	22,000	CHECK			
(90)		EAST ASIA AND THE PACIFIC	COMPUTERS FOR SCHOOL IN THAILAND	21,266	WIRE			
(91)		EAST ASIA AND THE PACIFIC	EQUIP ASSOCIATION FOR BLIND & VISUALLY IMPAIRED	21,010	CHECK			
(92)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	21,006	WIRE			
(93)		EAST ASIA AND THE PACIFIC	EQUIP FOOD BANK WITH REFRIGERATED VEHICLE	20,918	CHECK			
(94)		EAST ASIA AND THE PACIFIC	COMMUNITY RECOVERY	20,000	CHECK			
(95)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	19,875	WIRE			
(96)		EAST ASIA AND THE PACIFIC	PARK BEAUTIFICATION	19,815	CHECK			
(97)		EAST ASIA AND THE PACIFIC	MOVIE NIGHT FOR DISADVANTAGED FAMILIES	19,746	CHECK			
(98)		EAST ASIA AND THE PACIFIC	PURCHASE FOOD TRUCK	19,000	CHECK			
(99)		EAST ASIA AND THE PACIFIC	REFURBISH ZOO	18,250	CHECK			
(100)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR HOSPITAL	17,653	CHECK			
(101)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	17,374	CHECK			
(102)		EAST ASIA AND THE PACIFIC	PURCHASE FOOD DELIVERY TRUCK (LOCAL MATCH)	16,562	CHECK			
(103)		EAST ASIA AND THE PACIFIC	EQUIP WELFARE ORGANIZATIONS WITH FOOD AND EQUIPMENT	16,115	CHECK			
(104)		EAST ASIA AND THE PACIFIC	EQUIP NATIONAL CANCER COUNCIL OF MONGOLIA WITH TRANSPORT VEHICLE	16,073	WIRE			
(105)		EAST ASIA AND	FOOD DONATION	15,000	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)
		THE PACIFIC	TO LOW INCOME PEOPLE					
(106)		EAST ASIA AND THE PACIFIC	EVENT TO PROMOTE GLOBAL CAUSES	15,000	CHECK			
(107)		EAST ASIA AND THE PACIFIC	EQUIP COMMUNITY CENTER WITH SERVICE VEHICLE	15,000	CHECK			
(108)		EAST ASIA AND THE PACIFIC	EQUIPPING PREFECTURES WITH COVID-19 SUPPLIES	14,370	CHECK			
(109)		EAST ASIA AND THE PACIFIC	PURCHASE MOBILE VISION SCREENING VEHICLE	14,000	CHECK			
(110)		EAST ASIA AND THE PACIFIC	ELECTRIC SCOOTERS TO DISADVANTAGED ELDERLY	13,571	CHECK			
(111)		EAST ASIA AND THE PACIFIC	EQUIP LIONS CENTER FOR AUTISTIC CHILDREN IN MALAYSIA (LOCAL MATCH)	13,450	WIRE			
(112)		EAST ASIA AND THE PACIFIC	CULTURAL EVENT FOR FAMILIES	13,209	CHECK			
(113)		EAST ASIA AND THE PACIFIC	ECO-BAGS FOR FAMILIES WITH NEWBORNS	12,635	CHECK			
(114)		EAST ASIA AND THE PACIFIC	RENOVATE NAMKWANG CHILDREN WELFARE CENTER	12,356	CHECK			
(115)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	12,322	CHECK			
(116)		EAST ASIA AND THE PACIFIC	DENTAL HYGIENE SUPPLIES FOR SENIOR HOME	12,275	CHECK			
(117)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR SENIORS	12,213	CHECK			
(118)		EAST ASIA AND THE PACIFIC	STUDENT SCHOLARSHIPS	12,082	CHECK			
(119)		EAST ASIA AND THE PACIFIC	WHEELCHAIR DONATION TO HOSPITAL	12,005	CHECK			
(120)		EAST ASIA AND THE PACIFIC	EQUIPPING STUDENTS WITH COMPUTERS	11,818	CHECK			
(121)		EAST ASIA AND THE PACIFIC	PURCHASE SUPPORT VEHICLE FOR COAL BANK	11,743	CHECK			
(122)		EAST ASIA AND THE PACIFIC	TOUCH PANEL DISPLAY FOR CITY HALL	11,654	CHECK			
(123)		EAST ASIA AND THE PACIFIC	PURCHASE COAL BRIQUETTES DELIVERY VEHICLE FOR DISABLED ASSOCIATION	11,546	CHECK			
(124)		EAST ASIA AND THE PACIFIC	EQUIPPING DISABILITY SUPPORT CENTER WITH VEHICLE	11,114	CHECK			
(125)		EAST ASIA AND	PURCHASE	11,034	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	TRANSPORT VEHICLE FOR DISABLED					
(126)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	10,910	CHECK			
(127)		EAST ASIA AND THE PACIFIC	RENOVATE LODGING FACILITIES AT SARAWAK CHILDREN CANCER SOCIETY	10,750	WIRE			
(128)		EAST ASIA AND THE PACIFIC	CAMP KOALA DIABETES YOUTH CAMP	10,449	WIRE			
(129)		EAST ASIA AND THE PACIFIC	FOOD DISBURSEMENT TO LOW INCOME FAMILIES	10,351	CHECK			
(130)		EAST ASIA AND THE PACIFIC	EQUIPPING PUBLIC SPACES WITH AUTOMATED EXTERNAL CARDIAC DEFIBRILLATOR	10,350	CHECK			
(131)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS FOR LOW INCOME STUDENTS	10,320	CHECK			
(132)		EAST ASIA AND THE PACIFIC	JACKETS FOR PEOPLE WITH DISABILITY	10,200	CHECK			
(133)		EAST ASIA AND THE PACIFIC	EQUIP HEALTH CENTER FOR FITNESS EQUIPMENT	10,102	CHECK			
(134)		EAST ASIA AND THE PACIFIC	EQUIP SPECIAL EDUCATION SCHOOL FOR DISABLED	10,077	CHECK			
(135)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	CHECK			
(136)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	10,000	CHECK			
(137)		EAST ASIA AND THE PACIFIC	FOOD AND SCHOOL SUPPLIES FOR LOW-INCOME FAMILIES	10,000	CHECK			
(138)		EAST ASIA AND THE PACIFIC	LIONS QUEST	10,000	CHECK			
(139)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	CHECK			
(140)		EAST ASIA AND THE PACIFIC	LIONS QUEST	10,000	CHECK			
(141)		EAST ASIA AND THE PACIFIC	VEHICLE FOR FUKUOKA FOOD BANK	10,000	CHECK			
(142)		EAST ASIA AND THE PACIFIC	LIONS QUEST	10,000	CHECK			
(143)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(144)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(145)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(146)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(147)		EAST ASIA AND THE PACIFIC	AGRICULTURAL SUPPLIES FOR FARMERS DISPLACED BY TYPHOON	10,000	CHECK			
(148)		EAST ASIA AND THE PACIFIC	HUALIEN TRAIN DERAILMENT	10,000	CHECK			
(149)		EAST ASIA AND	FLOODING	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)
		THE PACIFIC	RELIEF					
(150)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(151)		EAST ASIA AND THE PACIFIC	VOLCANO ERUPTION RELIEF	10,000	WIRE			
(152)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(153)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	WIRE			
(154)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(155)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(156)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(157)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(158)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(159)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(160)		EAST ASIA AND THE PACIFIC	CONSTRUCT PLAYGROUND FOR DISADVANTAGED CHILDREN	9,622	CHECK			
(161)		EAST ASIA AND THE PACIFIC	BATHROOM CONSTRUCTION AT PARK	9,580	CHECK			
(162)		EAST ASIA AND THE PACIFIC	EQUIPMENT FOR COMMUNITY CENTER	9,470	CHECK			
(163)		EAST ASIA AND THE PACIFIC	FOOD FOR WOMEN AND CHILDREN AT WELFARE FACILITY	9,434	CHECK			
(164)		EAST ASIA AND THE PACIFIC	FOOD FOR LOW-INCOME PEOPLE	9,113	CHECK			
(165)		EAST ASIA AND THE PACIFIC	EQUIPPING A COMMUNITY CENTER WITH AN AIR CONDITIONER	8,700	CHECK			
(166)		EAST ASIA AND THE PACIFIC	HEATING FUEL & MATS FOR LOW-INCOME FAMILIES	8,600	CHECK			
(167)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS FOR LOW INCOME STUDENTS	8,415	CHECK			
(168)		EAST ASIA AND THE PACIFIC	WATERPROOF BAGS FOR FIREFIGHTERS	8,400	CHECK			
(169)		EAST ASIA AND THE PACIFIC	SCHOOL BOOKS FOR LOW INCOME CHILDREN	8,385	CHECK			
(170)		EAST ASIA AND THE PACIFIC	KIMCHI FOR LOW-INCOME FAMILIES	8,205	CHECK			
(171)		EAST ASIA AND THE PACIFIC	EQUIPMENT FOR A SCHOOL	8,149	CHECK			
(172)		EAST ASIA AND THE PACIFIC	DRAWING COMPETITION FOR CHILDREN	8,100	CHECK			
(173)		EAST ASIA AND THE PACIFIC	RICE FOR LOW-INCOME SENIORS	7,941	CHECK			
(174)		EAST ASIA AND THE PACIFIC	EQUIPPING HOSPITAL WITH CELL ANALYZER	7,936	CHECK			
(175)		EAST ASIA AND THE PACIFIC	PARK AND HIKING TRAIL CLEAN UP	7,800	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)
(176)		EAST ASIA AND THE PACIFIC	EQUIPMENT FOR WELFARE CENTER	7,650	CHECK			
(177)		EAST ASIA AND THE PACIFIC	EDUCATIONAL MATERIALS AND TOYS FOR CHILDREN WITH DISABILITIES	7,578	CHECK			
(178)		EAST ASIA AND THE PACIFIC	IMPLEMENT HEALTH FAIR ACTIVITIES	7,500	CHECK			
(179)		EAST ASIA AND THE PACIFIC	BARBECUE EVENT FOR DISADVANTAGED SCHOOL CHILDREN	7,500	CHECK			
(180)		EAST ASIA AND THE PACIFIC	GENERATOR FOR SKIN CANCER MOBILE UNIT	7,485	CHECK			
(181)		EAST ASIA AND THE PACIFIC	FOOD SUPPORT FOR LOW- INCOME HOMES	7,275	CHECK			
(182)		EAST ASIA AND THE PACIFIC	SUPPORT FOR JINJU LOCAL CHILDREN'S CENTER	7,200	CHECK			
(183)		EAST ASIA AND THE PACIFIC	EQUIPPING COMMUNITY CENTER WITH SPORT EQUIPMENT	7,050	CHECK			
(184)		EAST ASIA AND THE PACIFIC	JUNIOR HIGH BRASS BAND CONCERT	7,000	CHECK			
(185)		EAST ASIA AND THE PACIFIC	SUPPORT FOR SPECIAL OLYMPICS	7,000	CHECK			
(186)		EAST ASIA AND THE PACIFIC	COMPUTERS FOR LOW INCOME STUDENTS	6,848	CHECK			
(187)		EAST ASIA AND THE PACIFIC	HOME RENOVATIONS FOR LOW INCOME FAMILY	6,543	CHECK			
(188)		EAST ASIA AND THE PACIFIC	AUTUMN FESTIVAL FOR LOW-INCOME FAMILIES	6,150	CHECK			
(189)		EAST ASIA AND THE PACIFIC	FOOD FOR PEOPLE WITH DISABILITIES	6,128	CHECK			
(190)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS FOR LOW INCOME STUDENTS	6,000	CHECK			
(191)		EAST ASIA AND THE PACIFIC	BUS FOR WELFARE CENTER	6,000	CHECK			
(192)		EAST ASIA AND THE PACIFIC	HOME RENOVATION FOR SENIORS	6,000	CHECK			
(193)		EAST ASIA AND THE PACIFIC	KITCHEN EQUIPMENT AND FOOD FOR CENTER FOR DISABLED	5,736	CHECK			
(194)		EAST ASIA AND THE PACIFIC	FOOD AND QUILTS FOR LOW- INCOME FAMILIES	5,700	CHECK			
(195)		EAST ASIA AND THE PACIFIC	MASKS FOR FIRE BRIGADE	5,700	CHECK			
(196)		EAST ASIA AND THE PACIFIC	EQUIP TRAIN STATION WITH	5,668	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)
			NEW SAFETY SIGNS					
(197)		EAST ASIA AND THE PACIFIC	FOOD FOR PEOPLE IN NEED	5,500	CHECK			
(198)		EAST ASIA AND THE PACIFIC	SCHOLARSHIPS TO LOW INCOME STUDENTS	5,431	CHECK			
(199)		EAST ASIA AND THE PACIFIC	COMMUNITY CLOCK TOWER	5,374	CHECK			
(200)		EAST ASIA AND THE PACIFIC	RICE FOR LOW-INCOME SENIORS	5,352	CHECK			
(201)		EAST ASIA AND THE PACIFIC	COVID-19 RELIEF	5,280	CHECK			
(202)		EAST ASIA AND THE PACIFIC	SUPPLIES TO LOW INCOME FAMILIES	5,250	CHECK			
(203)		EAST ASIA AND THE PACIFIC	AFTER SCHOOL PROGRAM SUPPORT	5,100	CHECK			
(204)		EAST ASIA AND THE PACIFIC	RICE SUPPORT FOR SENIORS	5,064	CHECK			
(205)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	315,700	ELECTRONIC			
(206)		EUROPE (INCLUDING ICELAND AND GREENLAND)	VOCATIONAL TRAINING FOR REFUGEES IN LEBANON	250,000	WIRE			
(207)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE NATURE TRAIL FOR THE DISABLED	100,000	ELECTRONIC			
(208)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP SWEDISH LIONS TENTS PROGRAM	100,000	WIRE			
(209)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE VEHICLE FOR LIONS EYE SCREENING PROJECT	98,250	ELECTRONIC			
(210)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CLEAN WATER PROJECT IN TAJIKISTAN	91,980	WIRE			
(211)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	90,787	ELECTRONIC			
(212)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP OPHTHALMOLOGY	87,304	WIRE			
(213)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SFP1989/106-A: SUPPLEMENTAL GRANT (LDSC)	86,476	ELECTRONIC			
(214)		EUROPE (INCLUDING ICELAND AND GREENLAND)	UPGRADE HOUSING AT PRINCESS MAXIMA CENTER FOR PEDIATRIC ONCOLOGY P	85,000	ELECTRONIC			
(215)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CLEAN WATER PROJECT IN SOMALIA	81,790	WIRE			
(216)		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMPROVE FOOD BANK COLD CHAIN CAPACITY	80,830	ELECTRONIC			
(217)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND FOOD RECOVERY PROGRAM	80,000	ELECTRONIC			
(218)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH FOOD BANK IN ISTANBUL	76,967	WIRE			
(219)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP FOOD BANK WITH	76,937	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)
		GREENLAND)	MOBILE KITCHEN					
(220)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	75,000	ELECTRONIC			
(221)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GUEST HOUSE FOR PATIENT FAMILIES AT HOSPITAL	71,000	ELECTRONIC			
(222)		EUROPE (INCLUDING ICELAND AND GREENLAND)	BULGARIA AGAINST DIABETES	58,726	ELECTRONIC			
(223)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CROATIA EARTHQUAKE - EQUIP DAMAGED SCHOOLS	52,870	WIRE			
(224)		EUROPE (INCLUDING ICELAND AND GREENLAND)	UPGRADE MEAL DELIVERY PROGRAM'S KITCHEN	50,962	ELECTRONIC			
(225)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH DIABETES CENTER	50,000	WIRE			
(226)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	47,376	WIRE			
(227)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP SENSORY ROOM	39,583	ELECTRONIC			
(228)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SCREENING FOR DIABETIC RETINOPATHY	38,120	ELECTRONIC			
(229)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFRIGERATED VEHICLE FOR FOOD PROGRAM	35,646	ELECTRONIC			
(230)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CLEAN WATER PROJECT IN BURKINA FASO	35,260	ELECTRONIC			
(231)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND SCHOOL IN TOGO	30,714	ELECTRONIC			
(232)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP MEAL SERVICE PROGRAM WITH REFRIGERATED VAN	29,251	ELECTRONIC			
(233)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST	29,000	ELECTRONIC			
(234)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SOLAR POWER UPGRADES AT HOSPITAL IN DRC	26,000	WIRE			
(235)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP HOSPICE CENTER WITH TRANSPORT VEHICLE	24,100	ELECTRONIC			
(236)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE TRANSPORT VEHICLE FOR THE DISABLED	23,688	ELECTRONIC			
(237)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SCHOOL SUPPLIES FOR SCHOOLCHILDREN	21,500	ELECTRONIC			
(238)		EUROPE (INCLUDING ICELAND AND GREENLAND)	INCREASE A FOOD BANK'S COLD STORAGE CAPACITY	21,026	WIRE			
(239)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMMUNITY RECOVERY	20,000	ELECTRONIC			
(240)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT HEALTH FACILITY IN CAMBODIA	19,755	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)
(241)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH RECREATION CENTER FOR THE BLIND	19,500	ELECTRONIC			
(242)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE VEHICLE FOR BLOOD BANK	17,000	ELECTRONIC			
(243)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DIABETES AWARENESS IN CHILDREN AND ADOLESCENTS	16,465	ELECTRONIC			
(244)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND SCHOOL IN RURAL SENEGAL	15,838	ELECTRONIC			
(245)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP DAYROOM & RECREATIONAL FACILITIES AT SZCZECIN HOSPITAL	15,103	ELECTRONIC			
(246)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(247)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(248)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(249)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP OCCUPATIONAL THERAPY WORKSHOP FOR THE DISABLED	14,380	ELECTRONIC			
(250)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ALL-INCLUSIVE PLAYGROUND FOR DISABLED CHILDREN	12,551	WIRE			
(251)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ENVIRONMENTAL PROTECTION PROJECT	12,326	ELECTRONIC			
(252)		EUROPE (INCLUDING ICELAND AND GREENLAND)	MATCHING GRANT FOR MAT19019/103-SW	12,184	ELECTRONIC			
(253)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT TWO COTTAGES FOR ORPHANS IN INDIA	12,000	ELECTRONIC			
(254)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE VEHICLE FOR HOSPICE IN-HOME PATIENT VISITS	11,873	ELECTRONIC			
(255)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP EMERGENCY ROOM AT HOSPITAL	11,582	ELECTRONIC			
(256)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH CENTER FOR AUTISM	11,230	ELECTRONIC			
(257)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP HOSPITAL WITH DEFIBRILLATORS FOR COVID-19 RESPONSE	11,000	ELECTRONIC			
(258)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ENTREPRENEUR TRAINING PROGRAM	10,815	ELECTRONIC			
(259)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE EQUIPMENT FOR HEARING IMPAIRED CHILDREN IN TAHITI	10,625	WIRE			
(260)		EUROPE	FLOOD RELIEF	10,000	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)
		(INCLUDING ICELAND AND GREENLAND)						
(261)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			
(262)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	ELECTRONIC			
(263)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	ELECTRONIC			
(264)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	ELECTRONIC			
(265)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	ELECTRONIC			
(266)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	CHECK			
(267)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	CHECK			
(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)	FLOOD RELIEF	10,000	WIRE			
(271)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIGHT AGAINST DIABETES FOR THE HEARING IMPAIRED	8,513	ELECTRONIC			
(272)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DONATE GUIDE DOG FOR VISUALLY IMPAIRED	7,634	ELECTRONIC			
(273)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DIABETES EDUCATION PROGRAM	6,840	ELECTRONIC			
(274)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ENTERTAINMENT EQUIPMENT FOR HEALTH CENTER	5,900	WIRE			
(275)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID-19 RELIEF	5,500	ELECTRONIC			
(276)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOOD DISTRIBUTION TO LOW INCOME FAMILIES	5,083	ELECTRONIC			
(277)		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING HEALTH SYSTEMS FOR SUSTAINABLE EYE CARE IN THE WEST BANK, PALESTINE	457,295	WIRE			
(278)		MIDDLE EAST AND NORTH AFRICA	LIONS DIABETIC RETINOPATHY PROJECT IN ORIENTAL REGION, MOROCCO	240,000	WIRE			
(279)		MIDDLE EAST AND NORTH AFRICA	LEBANON EXPLOSION	225,700	WIRE			
(280)		MIDDLE EAST AND NORTH AFRICA	LEBANON EXPLOSION	150,000	CHECK			
(281)		MIDDLE EAST AND NORTH AFRICA	LEBANON EXPLOSION	150,000	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)
(282)		MIDDLE EAST AND NORTH AFRICA	UNHRD-DUBAI	124,000	WIRE			
(283)		MIDDLE EAST AND NORTH AFRICA	DIABETES SCREENING, AWARENESS AND CAPACITY BUILDING IN THE WEST BANK	101,828	WIRE			
(284)		MIDDLE EAST AND NORTH AFRICA	EQUIP DIALYSIS UNIT AT HOSPITAL	100,000	WIRE			
(285)		MIDDLE EAST AND NORTH AFRICA	EQUIP OPHTHALMOLOGY CENTER	97,845	WIRE			
(286)		MIDDLE EAST AND NORTH AFRICA	PURCHASE OPHTHALMOLOGY EQUIPMENT FOR SOROKA HOSPITAL	87,240	WIRE			
(287)		MIDDLE EAST AND NORTH AFRICA	SFP2115/351: SUPPLEMENTAL GRANT (LDSC)	66,185	WIRE			
(288)		MIDDLE EAST AND NORTH AFRICA	PURCHASE DIALYSIS MACHINES FOR TAMEYA HOSPITAL	44,880	WIRE			
(289)		MIDDLE EAST AND NORTH AFRICA	EXPANSION OF DIABETES SERVICES AT CENTRE HOSPITALIER DU NORD, LEBANON	26,466	WIRE			
(290)		MIDDLE EAST AND NORTH AFRICA	LIONS SCHOOL-BASED CHILDREN'S VISION PROJECT IN EASTERN AND SOUTHERN AMMAN	22,500	WIRE			
(291)		MIDDLE EAST AND NORTH AFRICA	DIABETES CARE EQUIPMENT IN CYPRUS AND NORTH GREECE	14,922	ELECTRONIC			
(292)		MIDDLE EAST AND NORTH AFRICA	LEBANON EXPLOSION	10,000	WIRE			
(293)		MIDDLE EAST AND NORTH AFRICA	FLOOD RELIEF	10,000	WIRE			
(294)		MIDDLE EAST AND NORTH AFRICA	WILDFIRE RELIEF	9,551	WIRE			
(295)		MIDDLE EAST AND NORTH AFRICA	EQUIP MEDICAL CENTER WITH DIALYSIS EQUIPMENT	5,800	WIRE			
(296)		NORTH AMERICA (CANADA & MEXICO ONLY)	MEASLES RUBELLA INITIATIVE 2020	200,000	WIRE			
(297)		NORTH AMERICA (CANADA & MEXICO ONLY)	DIGITAL RADIOGRAPHY EQUIPMENT FOR HOSPITAL	100,000	CHECK			
(298)		NORTH AMERICA (CANADA & MEXICO ONLY)	ALL INCLUSIVE PLAYGROUND	100,000	CHECK			
(299)		NORTH AMERICA (CANADA & MEXICO ONLY)	FACILITY UPGRADES AT FOOD BANK	36,927	CHECK			
(300)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP OPHTHALMOLOGY	33,522	ELECTRONIC			
(301)		NORTH AMERICA (CANADA & MEXICO ONLY)	LQ COMMUNITY PARTNERSHIP 2020	15,000	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)
(302)		NORTH AMERICA (CANADA & MEXICO ONLY)	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(303)		NORTH AMERICA (CANADA & MEXICO ONLY)	WILDFIRE RELIEF	10,000	ELECTRONIC			
(304)		NORTH AMERICA (CANADA & MEXICO ONLY)	STORM RELIEF - ELIDA	10,000	WIRE			
(305)		NORTH AMERICA (CANADA & MEXICO ONLY)	STORM RELIEF	10,000	WIRE			
(306)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	WIRE			
(307)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	WIRE			
(308)		NORTH AMERICA (CANADA & MEXICO ONLY)	TROPICAL STORM ETA RELIEF	10,000	WIRE			
(309)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP VISION SCREENING PROGRAM	9,503	ELECTRONIC			
(310)		NORTH AMERICA (CANADA & MEXICO ONLY)	BOOK DISTRIBUTION TO CHILDREN RECEIVING MEDICAL TREATMENT	8,240	ELECTRONIC			
(311)		RUSSIA AND NEIGHBORING STATES	LIONS QUEST	150,000	WIRE			
(312)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOM FOR INCLUSIVE RESOURCE CENTER FOR THE DISABLED	97,039	WIRE			
(313)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOM FOR INCLUSIVE RESOURCE CENTER FOR THE DISABLED	97,000	WIRE			
(314)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOMS IN ORPHANAGES	75,000	WIRE			
(315)		RUSSIA AND NEIGHBORING STATES	PURCHASE GLAUCOMA EQUIPMENT FOR HOSPITAL	26,000	WIRE			
(316)		RUSSIA AND NEIGHBORING STATES	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(317)		RUSSIA AND NEIGHBORING STATES	LIONS QUEST	12,500	WIRE			
(318)		RUSSIA AND NEIGHBORING STATES	COVID-19 RELIEF	10,000	WIRE			
(319)		SOUTH AMERICA	HELEN KELLER INSTITUTE - A VISION FOR THE FUTURE	300,018	CHECK			
(320)		SOUTH AMERICA	MEASLES RUBELLA INITIATIVE 2020	200,000	WIRE			
(321)		SOUTH AMERICA	MEASLES RUBELLA INITIATIVE 2020	136,000	WIRE			
(322)		SOUTH AMERICA	EXPAND LIONS SENIOR HOME	100,000	WIRE			
(323)		SOUTH AMERICA	EQUIP PEDIATRIC CANCER UNIT	100,000	WIRE			
(324)		SOUTH AMERICA	EQUIP MOBILE UNIT FOR VISION CARE	100,000	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)
(325)		SOUTH AMERICA	EXPAND SURGICAL WARD	92,558	CHECK			
(326)		SOUTH AMERICA	CONSTRUCT CENTER FOR AUTISTIC CHILDREN	87,253	CHECK			
(327)		SOUTH AMERICA	EQUIP SURGICAL ROOM	85,682	CHECK			
(328)		SOUTH AMERICA	EQUIP LIONS HOSPITAL IN ECUADOR	74,760	WIRE			
(329)		SOUTH AMERICA	EQUIP CANCER HOSPITAL	73,164	CHECK			
(330)		SOUTH AMERICA	EXPAND AND EQUIP HOSPITAL	68,837	CHECK			
(331)		SOUTH AMERICA	PROVIDE EQUIPMENT AND FURNISHINGS FOR HOSPITAL	60,565	CHECK			
(332)		SOUTH AMERICA	PURCHASE SURGICAL ARC	52,500	CHECK			
(333)		SOUTH AMERICA	EQUIP HOSPITAL WITH CARDIAC MONITORS	49,295	CHECK			
(334)		SOUTH AMERICA	ESTABLISH KIDSIGHT VISION SCREENING PROGRAM IN ARGENTINA	43,758	WIRE			
(335)		SOUTH AMERICA	MEDICAL EQUIPMENT FOR PEDIATRIC CANCER SURGERIES	41,953	CHECK			
(336)		SOUTH AMERICA	PURCHASE MOBILE VAN FOR THE DISABLED	38,931	CHECK			
(337)		SOUTH AMERICA	PURCHASE VEHICLE FOR LIONS REHABILITATION CENTER	31,500	WIRE			
(338)		SOUTH AMERICA	EQUIP PEDIATRIC CANCER UNIT	29,072	CHECK			
(339)		SOUTH AMERICA	PURCHASE CRYOTANK FOR PEDIATRIC CANCER UNIT	18,285	WIRE			
(340)		SOUTH AMERICA	FURNISH AND EQUIP HOSPITAL	18,071	CHECK			
(341)		SOUTH AMERICA	EQUIP INSTITUTION FOR THE DISABLED	16,208	CHECK			
(342)		SOUTH AMERICA	PEDIATRIC ONCOLOGY UNIT AT GEORGETOWN PUBLIC HOSPITAL	15,000	WIRE			
(343)		SOUTH AMERICA	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(344)		SOUTH AMERICA	TRANSPORT VEHICLE FOR CHILDREN WITH CANCER	13,750	CHECK			
(345)		SOUTH AMERICA	COMMUNITY RECOVERY	13,498	CHECK			
(346)		SOUTH AMERICA	EQUIP HOSPITAL NEONATAL UNIT	11,302	CHECK			
(347)		SOUTH AMERICA	CONSTRUCT HELLEN KELLER VISION CENTER	10,965	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)
(348)		SOUTH AMERICA	CYCLONE RELIEF	10,000	CHECK			
(349)		SOUTH AMERICA	COVID-19 RELIEF	10,000	CHECK			
(350)		SOUTH AMERICA	CYCLONE RELIEF	10,000	CHECK			
(351)		SOUTH AMERICA	TORNADO RELIEF	10,000	CHECK			
(352)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(353)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(354)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(355)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(356)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(357)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(358)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(359)		SOUTH AMERICA	WILDFIRE RELIEF	10,000	WIRE			
(360)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(361)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(362)		SOUTH AMERICA	TROPICAL STORM LOTA RELIEF	10,000	WIRE			
(363)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(364)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(365)		SOUTH AMERICA	MUDSLIDE RELIEF	10,000	WIRE			
(366)		SOUTH AMERICA	HAILSTORM RELIEF	9,361	CHECK			
(367)		SOUTH AMERICA	RENOVATE YOUTH SPORTS FACILITY	5,816	ELECTRONIC			
(368)		SOUTH AMERICA	MEDICAL EQUIPMENT FOR CANCER SCREENINGS	5,538	CHECK			
(369)		SOUTH ASIA	QUALITY UPGRADATION AND EXPANSION OF SILIGURI GREATER LEH	468,292	WIRE			
(370)		SOUTH ASIA	UPGRADE LIONS CLUB OF POONA EYE HOSPITAL, PUNE	165,213	WIRE			
(371)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL, PATRAN	143,935	WIRE			
(372)		SOUTH ASIA	ESTABLISH FAMILY REST AREA IN PEDIATRIC CANCER HOSPITAL	133,404	WIRE			
(373)		SOUTH ASIA	EQUIP KHYBER EYE FOUNDATION HOSPITAL	131,463	WIRE			
(374)		SOUTH ASIA	CONSTRUCT LIONS CENTENNIAL VTC IN SRI LANKA	100,000	WIRE			
(375)		SOUTH ASIA	EQUIP DIALYSIS CENTER IN BIRATNAGAR NEPAL	99,997	CHECK			
(376)		SOUTH ASIA	PURCHASE COVID-19 EQUIPMENT IN NEPAL	99,777	CHECK			
(377)		SOUTH ASIA	EQUIP PARBAT HOSPITAL IN NEPAL	99,682	CHECK			
(378)		SOUTH ASIA	UPGRADE LIONS EYE CARE CENTRE AND	94,777	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)
			TWO VISION CENTERS, JAITU					
(379)		SOUTH ASIA	CONSTRUCT HOSTEL FOR CHILDHOOD CANCER PATIENTS AT NATIONAL HOSPITAL KANDY	86,475	WIRE			
(380)		SOUTH ASIA	EQUIP LIONS KIDNEY DIALYSIS CENTER IN SRI LANKA	83,782	CHECK			
(381)		SOUTH ASIA	UPGRADE PATIALA DEAF AND BLIND SCHOOL	74,607	WIRE			
(382)		SOUTH ASIA	J & J SIGHT FOR KIDS - KERALA PHASE 15	66,180	CHECK			
(383)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL, FORBESGANJ	65,397	WIRE			
(384)		SOUTH ASIA	STRENGTHENING DIABETIC RETINOPATHY SERVICES AT REMEH	63,472	CHECK			
(385)		SOUTH ASIA	EQUIP NINDT WOMEN DEPARTMENT HOSPITAL IN COLOMBO	52,833	CHECK			
(386)		SOUTH ASIA	UPGRADES TO THE SUDUWATU COMMUNITY CENTER FOR CHILDREN	36,416	CHECK			
(387)		SOUTH ASIA	UPGRADE REVANKAR LIONS EYE HOSPITAL	32,798	WIRE			
(388)		SOUTH ASIA	EQUIP MTMM MISSION HOSPITAL AND LIONS MOBILE DIABETES UNIT	27,741	WIRE			
(389)		SOUTH ASIA	COVID-19 RELIEF	24,000	WIRE			
(390)		SOUTH ASIA	HEMODIALYSIS MACHINES FOR LOCAL HOSPITAL	13,350	WIRE			
(391)		SOUTH ASIA	ESTABLISH FAMILY REST AREA IN PEDIATRIC CANCER HOSPITAL (LOCAL MATCH)	12,378	WIRE			
(392)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(393)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(394)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(395)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(396)		SOUTH ASIA	CONSTRUCTING A PLAYGROUND	10,000	CHECK			
(397)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(398)		SOUTH ASIA	COVID-19 RELIEF	10,000	CHECK			
(399)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(400)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(401)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(402)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(403)		SOUTH ASIA	CYCLONE 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)
(404)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(405)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(406)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(407)		SOUTH ASIA	FLOOD RELIEF	10,000	WIRE			
(408)		SOUTH ASIA	FLOOD RELIEF	10,000	WIRE			
(409)		SOUTH ASIA	FLOOD RELIEF	10,000	WIRE			
(410)		SOUTH ASIA	COVID-19 RELIEF	10,000	WIRE			
(411)		SOUTH ASIA	FLOOD RELIEF	10,000	WIRE			
(412)		SOUTH ASIA	FLOOD RELIEF	9,869	CHECK			
(413)		SUB-SAHARAN AFRICA	RIVER BLINDNESS ELIMINATION, ETHIOPIA	500,000	ELECTRONIC			
(414)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION IN AMHARA REGIONAL STATE, ETHIOPIA	500,000	ELECTRONIC			
(415)		SUB-SAHARAN AFRICA	ESTABLISH THE JACKSON F. DOE LIONS EYE CENTER, NIMBA COUNTY	455,928	WIRE			
(416)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION IN CHAD	410,417	ELECTRONIC			
(417)		SUB-SAHARAN AFRICA	SFP2088/412-B: SUPPLEMENTAL GRANT (LDSC)	285,431	CHECK			
(418)		SUB-SAHARAN AFRICA	DIABETIC RETINOPATHY SCREENING AND TREATMENT IN NORTH AND SOUTH KIVU PROVINCES, DRC	283,295	WIRE			
(419)		SUB-SAHARAN AFRICA	COMPREHENSIVE EYE CARE AND COMMUNITY OUTREACH PROJECT, MAURITANIA	265,015	WIRE			
(420)		SUB-SAHARAN AFRICA	UPGRADE MZUZU LIONS SIGHTFIRST EYE HOSPITAL	231,185	WIRE			
(421)		SUB-SAHARAN AFRICA	LIONS COMPREHENSIVE EYE CARE PROJECT FOR KIGEZI REGION, UGANDA	228,108	WIRE			
(422)		SUB-SAHARAN AFRICA	SFP2086/417: SUPPLEMENTAL GRANT (LDSC)	211,467	WIRE			
(423)		SUB-SAHARAN AFRICA	MEASLES RUBELLA INITIATIVE 2020	195,000	WIRE			
(424)		SUB-SAHARAN AFRICA	DIABETIC RETINOPATHY SCREENING AND TREATMENT PROJECT IN OUÈME AND PLATEAU, BENIN	194,250	WIRE			
(425)		SUB-SAHARAN AFRICA	RENOVATE BLACK LION HOSPITAL LIONS DIABETES CENTER	150,000	CHECK			
(426)		SUB-SAHARAN AFRICA	KAANI SECONDARY	150,000	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)
			SCHOOL PHASE II					
(427)		SUB-SAHARAN AFRICA	LIONS QUEST	149,985	WIRE			
(428)		SUB-SAHARAN AFRICA	LIONS DIABETES SCREENING AND TREATMENT CENTER AT OFFA GENERAL HOSPITAL	107,001	WIRE			
(429)		SUB-SAHARAN AFRICA	MEASLES RUBELLA INITIATIVE 2020	105,000	WIRE			
(430)		SUB-SAHARAN AFRICA	INCREASING CATARACT SURGICAL UTILIZATION IN CENTRAL TANZANIA: ALTERNATE COMMUNITY BASED INTERVENTION	99,995	ELECTRONIC			
(431)		SUB-SAHARAN AFRICA	CONSTRUCT IBADAN LIONS DIALYSIS CENTER IN NIGERIA	97,422	WIRE			
(432)		SUB-SAHARAN AFRICA	UPGRADE YEMBERING HIGH SCHOOL IN GUINEA	79,320	WIRE			
(433)		SUB-SAHARAN AFRICA	UPGRADE PRIMARY SCHOOL IN AKLAKOU, TOGO	70,500	WIRE			
(434)		SUB-SAHARAN AFRICA	EQUIP NS EYE CENTER IN LIBERIA	64,915	WIRE			
(435)		SUB-SAHARAN AFRICA	LIONS DIABETES AWARENESS AND PREVENTION PROJECT IN THE KAMPALA METROPOLITAN AREA	60,092	WIRE			
(436)		SUB-SAHARAN AFRICA	IMPROVEMENT OF DIABETES SERVICES IN SAVA REGION	59,626	WIRE			
(437)		SUB-SAHARAN AFRICA	ANALYSIS OF THE IMPLICATION OF COLLABORATION BETWEEN DIABETES AND DIABETIC RETINOPATHY CARE PROVIDERS	55,200	WIRE			
(438)		SUB-SAHARAN AFRICA	LIONS QUEST	50,000	WIRE			
(439)		SUB-SAHARAN AFRICA	LIONS QUEST	50,000	WIRE			
(440)		SUB-SAHARAN AFRICA	IMPROVEMENT OF DIABETIC FOOT SERVICES IN ASHANTI, AHAFO AND NORTHERN REGIONS, GHANA	45,525	WIRE			
(441)		SUB-SAHARAN AFRICA	PURCHASE SCREENING EYE EQUIPMENT FOR CHILDREN	45,000	WIRE			
(442)		SUB-SAHARAN AFRICA	TRACHOMA AND ONCHOCERCIASIS ADVOCACY, ETHIOPIA	43,400	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)
(443)		SUB-SAHARAN AFRICA	J & J SIGHT FOR KIDS - KENYA 2020	40,000	WIRE			
(444)		SUB-SAHARAN AFRICA	DIABETES SCREENING AND AWARENESS IN LUALABA PROVINCE, DRC	31,778	WIRE			
(445)		SUB-SAHARAN AFRICA	DIABETES SCREENING AND AWARENESS IN NORTH KIVU AND SOUTH KIVU PROVINCES, DRC	25,106	WIRE			
(446)		SUB-SAHARAN AFRICA	LIONS QUEST	24,802	WIRE			
(447)		SUB-SAHARAN AFRICA	KAANI SCHOOL WATER PROJECT	24,000	WIRE			
(448)		SUB-SAHARAN AFRICA	COMMUNITY RECOVERY	20,000	WIRE			
(449)		SUB-SAHARAN AFRICA	DIABETES SCREENING AND AWARENESS IN OUAGADOUGOU AND BOBO-DIOULASSO, BURKINA FASO	18,773	WIRE			
(450)		SUB-SAHARAN AFRICA	DIABETES SCREENING, EDUCATION AND CAPACITY BUILDING IN TOGO	15,957	WIRE			
(451)		SUB-SAHARAN AFRICA	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(452)		SUB-SAHARAN AFRICA	LQ COMMUNITY PARTNERSHIP 2020	15,000	ELECTRONIC			
(453)		SUB-SAHARAN AFRICA	LIONS QUEST	15,000	WIRE			
(454)		SUB-SAHARAN AFRICA	SFP2087/413: SUPPLEMENTAL GRANT (DAVID AND MOLLY PYOTT), 2022	14,839	WIRE			
(455)		SUB-SAHARAN AFRICA	COMPREHENSIVE EYE CARE PROJECT AT NSAMBYA HOSPITAL	10,811	WIRE			
(456)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(457)		SUB-SAHARAN AFRICA	VOLCANO RELIEF	10,000	WIRE			
(458)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(459)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(460)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(461)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(462)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(463)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(464)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(465)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(466)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	WIRE			
(467)		SUB-SAHARAN AFRICA	VOLCANO RELIEF	10,000	WIRE			
(468)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(469)		SUB-SAHARAN AFRICA	FLOOD 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)
		AFRICA						
(470)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(471)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	10,000	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 USED 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 USED 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 for the latest information.

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SPECIAL OLYMPICS 1133 19TH ST NW, WASHINGTON, DC 20036	52-0889518	501 (C) 3	1,774,200				(SEE STATEMENT)
(2) GLOBAL HOPE 1102 BATES AVE., HOUSTON, TX 77023	74-1100555	501 (C) 3	1,000,000				GLOBAL HOPE PARTNERSHIP
(3) MULTIPLE DISTRICT 27 2992 CEDAR ROAD, ROSHOLT, WI 54473	39-1626233	501 (C) 4	196,976				(SEE STATEMENT)
(4) DISTRICT 35 N 14833 N SPUR DRIVE, MIAMI, FL 33161-2040	46-1671664	501 (C) 3	125,000				(SEE STATEMENT)
(5) N/A 300 W 22ND STREET, OAK BROOK, IL 60523	N/A	TO BE DETERMINED	119,186				(SEE STATEMENT)
(6) (SEE STATEMENT)	54-1191781	501 (C) 3	112,500				(SEE STATEMENT)
(7) (SEE STATEMENT)	46-1671664	501 (C) 3	100,000				ALL INCLUSIVE PLAYGROUND
(8) DISTRICT 12 N 709 SHANNONDALE WAY, MARYVILLE, TN 37803	23-7215448	501 (C) 4	100,000				(SEE STATEMENT)
(9) MULTIPLE DISTRICT 3 4520 NE BLY LANE, LAWTON, OK 73507	23-7050631	501 (C) 4	100,000				(SEE STATEMENT)
(10) DISTRICT 1 A 0 SOUTH 031 EVANS ST, WHEATON, IL 60187	36-6106638	501 (C) 4	100,000				(SEE STATEMENT)
(11) MULTIPLE DISTRICT 33 43 STEWART TERRACE, BELMONT, MA 02478	83-0504460	501 (C) 4	100,000				EQUIP JOSLIN DIABETES CENTER
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12
- 3** Enter total number of other organizations listed in the line 1 table ▶ 86

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
----------------	--

(SEE STATEMENT)

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) DISTRICT 5M 5 12408 SKYLINE DR, BURNSVILLE, MN 55337	84-3551156	501 (C) 4	100,000				EQUIP LIONS EYE SURGERY CENTER
(13) GLOBAL HOPE 1102 BATES AVE., HOUSTON, TX 77023	74-1100555	501 (C) 3	100,000				GLOBAL HOPE PARTNERSHIP
(14) MULTIPLE DISTRICT 5M 8140 TERRACE RD N E, SPRING LAKE PARK, MN 55432-1942	41-1278740	501 (C) 4	100,000				RENOVATE CAMP FOR THE DISABLED
(15) DISTRICT 26 M1 212 ASH ST, PERRYVILLE, MO 63775	43-6051716	501 (C) 4	100,000				ALL INCLUSIVE PLAYGROUND
(16) DISTRICT 4 C6 300 W. 22ND STREET, OAK BROOK, IL 60523	77-0324761	501 (C) 4	99,707				INCREASE FOOD BANK STORAGE AND TRANSPORTATION CAPACITY
(17) DISTRICT 37 216 YELLOWSTONE, LAUREL, MT 59044	38-3951273	501 (C) 4	95,000				ACCESSIBLE FISHING DOCK
(18) MULTIPLE DISTRICT 20 7643 PARK AVE., LOWVILLE, NY 13367	16-6099328	501 (C) 4	91,266				MD 20 LIONS DISASTER WAREHOUSE
(19) DISTRICT 2 T1 6501 SHELDON, AMARILLO, TX 79109-6825	23-7309776	501 (C) 4	76,500				PURCHASE AND EQUIP LIONS ALERT MOBILE KITCHEN
(20) DISTRICT 15 1000 WEST LAUGHLIN ROAD, CHEYENNE, WY 82001-1004	83-6009532	501 (C) 4	75,000				EQUIP ROCKY MOUNTAIN LIONS EYE INSTITUTE
(21) DISTRICT 6 W 1000 WEST LAUGHLIN ROAD, CHEYENNE, WY 82001-1004	84-6107261	501 (C) 4	75,000				EQUIP ROCKY MOUNTAIN LIONS EYE INSTITUTE
(22) MULTIPLE DISTRICT 39 8176 W RING BILL LANE, GARDEN CITY, ID 83714	23-7052661	501 (C) 4	50,661				CAMP HODIA DIABETES YOUTH CAMP
(23) DISTRICT 14 G 2121 REACH ROAD, WILLIAMSPORT, PA 17701	25-1638297	501 (C) 4	50,000				ASSISTIVE TECHNOLOGY LAB
(24) GLOBAL HOPE 1102 BATES AVE., HOUSTON, TX 77023	74-1100555	501 (C) 3	50,000				GLOBAL HOPE PARTNERSHIP
(25) DISTRICT 24 L 126 LAUNCH WAY, MONTROSS, VA 22520	83-1219361	501 (C) 4	45,000				LEARNS PHASE 2
(26) DISTRICT 13 OH4 48643 LAKEVIEW CIRCLE, EAST LIVERPOOL, OH 43920	81-2039430	501 (C) 4	45,000				EMBRACING THE FUTURE: A SUSTAINABILITY INITIATIVE OF CAMP HO MITA KODA
(27) DISTRICT 37 40 MEADOWLARK DR, KALISPELL, MT 59901	38-3951273	501 (C) 4	40,000				2021 MONTANA DIABETES YOUTH CAMP
(28) DISTRICT 25 A 701 S HUDDLESTON RD, WINAMAC, IN 46996-1513	31-1150723	501 (C) 4	38,065				EQUIP EYEGLASS RECYCLING AND VISION PROGRAM
(29) DISTRICT 33 A 4 BEECHWOOD DRIVE, RUTLAND, MA 01543-1750	82-2337530	501 (C) 3	33,200				EQUIP HEALTH SCREENING PROGRAM

(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) MULTIPLE DISTRICT 25 11179 S 100 E, BATTLE GROUND, IN 47920-8012	23-7007876	501 (C) 4	31,482				PURCHASE VISION SCREENING EQUIPMENT
(31) DISTRICT 5M 2 21515 - 371ST AVE, GREEN ISLE, MN 55338	41-6039926	501 (C) 4	25,000				EXPAND AND ENHANCE TYPE 1 DIABETES YOUTH CAMP
(32) MULTIPLE DISTRICT 27 N7051 TOWNLINE RD, GRESHAM, WI 54128-9400	39-1626233	501 (C) 4	19,521				LIONS HEALING SPACE AT MARSHFIELD CLINIC
(33) TO BE DETERMINED 300 W 22ND STREET, OAK BROOK, IL 60523	N/A	N/A	19,500				LIONS-ANTHEM VOLUNTEER DAYS 2020 IS A BLOCK GRANT APPROVED FOR \$91,000; OF THIS AMOUNT, \$71,500 HAS BEEN DISBURSED TO DATE. THE GRANTEE(S) FOR THE REMAINING \$19,500 HAS NOT BEEN DETERMINED YET.
(34) DISTRICT 4 A2 942 BIRCHWOOD COURT, HANFORD, CA 93230-1504	23-7086254	501 (C) 4	19,109				COMMUNITY RECOVERY
(35) DISTRICT 1 BK 1228 MASSACHUSETTS, JOLIET, IL 60435-3715	47-1879591	501 (C) 4	18,000				TAKE CHARGE OF YOUR DIABETES
(36) MULTIPLE DISTRICT 38 14517 R STREET, OMAHA, NE 68137	23-7055465	501 (C) 4	16,512				CARGO VAN FOR MOBILE VISION/HEARING PROGRAM
(37) MULTIPLE DISTRICT 5M 1761 UNIVERSITY AVENUE WEST, SAINT PAUL, MN 55104	41-1278740	501 (C) 4	15,980				EQUIP LIONS CHILDREN'S HEARING AND ENT CLINIC
(38) LIONS CLUBS DISTRICT 2-X1 412 CEDAR RIDGE DRIVE, WYLIE, TX 75098	23-7099350	501 (C) 4	15,000				LQ COMMUNITY PARTNERSHIP 2020
(39) DISTRICT 11-B1 LIONS CLUB INTERNATIONAL ACTIVITY ACCOUNT 3131 PITTSVIEW DRIVE, ANN ARBOR, MI 48108	38-2485837	501 (C) 4	15,000				LQ COMMUNITY PARTNERSHIP 2020
(40) DISTRICT 18 L 75 AZALEA TRAIL, CARROLLTON, GA 30116-8960	20-8734734	501 (C) 4	14,600				CARPORT AND EQUIPMENT FOR ST. MICHAEL'S FOOD PANTRY
(41) LCI DISTRICT 22C ACTIVITY ACCOUNT 1204 CROCKETT LANE, SILVER SPRING, MD 20904	23-7050709	501 (C) 4	14,314				LQ COMMUNITY PARTNERSHIP 2020
(42) LOUISIANA LIONS EYE FOUNDATION 2020 GRAVIER ST, SUITE B, NEW ORLEANS, LA 70112	23-7384897	501 (C) 3	14,171				BALDRIDGE ENDOWMENT FUND FOR SIGHT
(43) DISTRICT 2-A3 1662 MOONEY LN, INGLESIDE, TX 78362-4630	23-7151923	501 (C) 3	12,593				EQUIP VISION AND HEARING SCREENING PROGRAM
(44) DISTRICT 33 S 457 FAIRWAY DRIVE, SOMERSET, MA 02726	85-2010728	501 (C) 4	12,525				CAMP JACK IMPROVEMENTS FOR 2020-2022

(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
(45) DISTRICT 11 A2 46399 IMPERIAL LN, MACOMB, MI 48044-3922	23-7148616	501 (C) 4	11,646				AUTISM WORK PLUS PROGRAM
(46) DISTRICT 4 L4 6438 VINEYARD AVENUE, ALTA LOMA, CA 91701	23-7196070	501 (C) 4	11,158				ROLLING GARAGE & CEILING FANS FOR POMONA VALLEY FOOD BANK
(47) DISTRICT 9 SE P O BOX 251, UNIVERSITY PARK, IA 52595	42-1151703	501 (C) 4	10,000				COVID-19 RELIEF
(48) DISTRICT 17 A 9 ARGON ST, GODDARD, KS 67052-9423	48-0942086	501 (C) 4	10,000				DISASTER PREPAREDNESS
(49) DISTRICT 20 R1 185 NEW CHALET DR, MOHEGAN LAKE, NY 10547-1623	13-3876121	501 (C) 4	10,000				CARGO VAN FOR VETERANS' ORGANIZATION
(50) DISTRICT 8 L 4933 WILLOWCHASE DR, BENTON, LA 71006	72-0928468	501 (C) 4	10,000				HURRICANE RELIEF
(51) DISTRICT 4 C1 6514 REFLECTION ST, REDDING, CA 96001	23-7327243	501 (C) 4	10,000				WIDLFIRE RELIEF
(52) DISTRICT 2 X1 412 CEDAR RIDGE DR., WYLIE, TX 75098	23-7099350	501 (C) 4	10,000				ICE STORM RELIEF
(53) DISTRICT 2 S2 459 COUNTY ROAD 2092, LIBERTY, TX 77575	30-0445599	501 (C) 4	10,000				ICE STORM RELIEF
(54) DISTRICT 4 C2 43086 BORRETTI WAY, INDIO, CA 92203	23-7151956	501 (C) 4	10,000				WILDFIRE RELIEF
(55) DISTRICT 8 N 550 BEN HUR RD, BATON ROUGE, LA 70820	90-0620515	501 (C) 4	10,000				FLOOD RELIEF
(56) DISTRICT 9 MC 2540 180TH ST, MARSHALLTOWN, IA 50158-8931	42-1262262	501 (C) 4	10,000				STORM RELIEF
(57) DISTRICT 8 O 139 DOVE ST., RAYNE, LA 70578	46-3408569	501 (C) 4	10,000				HURRICANE RELIEF
(58) DISTRICT 8 S 119 BREAUX LANE, DES ALLEMANS, LA 70030	20-5245690	501 (C) 4	10,000				HURRICANE RELIEF
(59) DISTRICT 31 N 2015 HOLLYWOOD DRIVE, FUQUAY VARINA, NC 27526	47-4280673	501 (C) 4	10,000				DISASTER PREPAREDNESS
(60) DISTRICT 34 B 1808 HUMMINGBIRD LANE, HOOVER, AL 35952-8118	63-0892764	501 (C) 4	10,000				DISASTER PREPAREDNESS
(61) DISTRICT 30 S PO BOX 90, EASABUCHIE, MS 39436	26-2492853	501 (C) 4	10,000				COVID-19 RELIEF
(62) DISTRICT 34 C 1808 HUMMINGBIRD LANE, HOOVER, AL 35952-8116	47-2090807	501 (C) 4	10,000				DISASTER PREPAREDNESS
(63) DISTRICT 14 D 1044 HIGH ST., LANCASTER, PA 17603	23-6391829	501 (C) 4	10,000				COVID-19 RELIEF
(64) DISTRICT 17 N 9 ARGON ST, GODDARD, KS 67052-9423	47-1899585	501 (C) 4	10,000				DISASTER PREPAREDNESS

(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
(65) DISTRICT 33 S 22 STILLBROOK RD., SOUTH YARMOUTH, MA 02664	85-2010728	501 (C) 4	10,000				COVID-19 RELIEF
(66) DISTRICT 9 EC 610 DANIELLE CT, BLUE GRASS, IA 52726	42-1087808	501 (C) 4	10,000				STORM RELIEF
(67) DISTRICT 35 L 4686 CAHOKIA RUN, CRESTVIEW, FL 32539	23-7330297	501 (C) 4	10,000				HURRICANE RELIEF
(68) DISTRICT 50 PO BOX 61838, HONOLULU, HI 96839-1838	99-0154835	501 (C) 4	10,000				FLOOD RELIEF
(69) DISTRICT 36 R 4969 HECETA BEACH ROAD, FLORENCE, OR 97439	23-7333810	501 (C) 4	10,000				WILDFIRE RELIEF
(70) DISTRICT 46 2100 MAPLE LEAF TRAIL, RENO, NV 89523	20-1302850	501 (C) 4	10,000				WILDFIRE RELIEF
(71) DISTRICT 34 A 1808 HUMMINGBIRD LANE, HOOVER, AL 35952-8117	45-2541026	501 (C) 4	10,000				DISASTER PREPAREDNESS
(72) DISTRICT 19 C 5848 RICH ROAD SE, OLYMPIA, WA 98501	37-1611850	501 (C) 4	10,000				WILDFIRE RELIEF
(73) DISTRICT 19 G 625 HILLCREST, LONGVIEW, WA 98632-5747	23-7312560	501 (C) 4	9,988				COVID-19 RELIEF
(74) DISTRICT 9 SE 1703 GRUBE STREET, BURLINGTON, IA 52601	42-1151703	501 (C) 4	9,943				STORM RELIEF
(75) DISTRICT 2 X1 8705 BALTUSROL DR, FLOWER MOUND, TX 75022	23-7099350	501 (C) 4	9,737				COVID-19 RELIEF
(76) DISTRICT 2 S4 1751 W WALKER ST APT 9105, LEAGUE CITY, TX 77573-4297	74-6107079	501 (C) 4	9,707				ICE STORM RELIEF
(77) DISTRICT 14 G 118 TROWBRIDGE STATION ROAD, MILLERTON, PA 16936	25-1638297	501 (C) 4	9,000				DISASTER PREPAREDNESS
(78) DISTRICT 5M 1 708 REICHEL CIRCLE NE, STEWARTVILLE, MN 55976	41-1786360	501 (C) 4	9,000				FOOD DONATION TO FOOD BANKS
(79) DISTRICT 32 S 728 SETON RD, COLUMBIA, SC 29212	57-0963906	501 (C) 4	8,577				DISASTER PREPAREDNESS
(80) DISTRICT 12 N 7319 WHITE WING ROAD, LENOIR CITY, TN 37771-7420	23-7215448	501 (C) 4	8,250				SUPPORT FOR FOOD INSECURITY ORGANIZATIONS
(81) DISTRICT 43 Y P.O BOX 1015, JACKSON, KY 41339	61-6025371	501 (C) 4	8,223				FLOOD RELIEF
(82) DISTRICT 9 MC 829 16TH AVE, GRINNELL, IA 50112	42-1262262	501 (C) 4	8,066				COMMUNITY RECOVERY
(83) DISTRICT 2 E2 1602 ROYAL LANE, COLLEYVILLE, TX 76034	23-7389237	501 (C) 4	7,879				ICE STORM RELIEF
(84) DISTRICT 35 N 6301 COLLINS AVE, MIAMI BEACH, FL 33141-4644	46-1671664	501 (C) 3	7,500				ALL INCLUSIVE PLAYGROUND (LOCAL MATCH)

(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
(85) DISTRICT 3 E 1039 N KENWOOD AVENUE, BROKEN ARROW, OK 74012-1912	82-3871209	501 (C) 4	7,500				TDLV VISION SCREENERS
(86) DISTRICT 2 S1 904 BERGSTROM PLACE, MARSHALL, TX 75672	74-6061682	501 (C) 4	7,500				HURRICANE RELIEF
(87) DISTRICT 13 OH4 5686 HAZLETT DRIVE NE, MAGNOLIA, OH 44643-8436	81-2039430	501 (C) 4	7,500				MATCHING GRANT FOR DIA18957/13 OH4
(88) DISTRICT 18 L 75 AZALEA TRAIL, CARROLLTON, GA 30116-8960	20-8734734	501 (C) 4	7,288				DIABETES SYMPOSIUM
(89) DISTRICT 2 S5 834 WALNUT STREET, COLUMBUS, TX 78934	74-2549056	501 (C) 4	7,200				TOYS FOR CHILDREN DURING DISASTERS
(90) DISTRICT 19 E 461 S PARK ST., POST FALLS, ID 83854	26-3200944	501 (C) 4	7,050				FOOD AND SUPPLIES FOR FIRE EVACUEES
(91) DISTRICT 16 J 176 WASHINGTON ROAD, SAYREVILLE, NJ 08872	47-1326015	501 (C) 4	7,000				EQUIPPING RECYCLING CENTER WITH FORKLIFT
(92) DISTRICT 14 G 321 PINE STREET, JERSEY SHORE, PA 17740-1625	25-1638297	501 (C) 4	6,500				TRAILER FOR SIGHT SERVICES
(93) VARINA LIONS CLUB FOUNDATION INC. PO BOX 38292, HENRICO, VA 23231	26-1249123	501 (C) 3	6,100				LIONS-ANTHEM VOLUNTEER DAYS (2020)
(94) DISTRICT 2 S3 P O BOX 81, CAMERON, TX 76520-0081	23-7151924	501 (C) 4	6,081				ICE STORM RELIEF
(95) DISTRICT 9 NE 5231 SWEET BASIL LANE, CEDAR FALLS, IA 50613-2258	23-7309647	501 (C) 4	6,000				COMMUNITY GARDEN AND GREENHOUSE
(96) DISTRICT 22 W LIONS QUEST 6519 MONROE AVE, ELDERSBURG, MD 21784	52-1175370	501 (C) 4	5,928				EXPAND LIONS QUEST
(97) DISTRICT 34 B 512 MOSSY OAK RIDGE, PRATTVILLE, AL 36066	63-0892764	501 (C) 4	5,825				TORNADO RELIEF
(98) DISTRICT 34 C 709 HOLLY LN, HEADLAND, AL 36345	47-2090807	501 (C) 4	5,382				HURRICANE RELIEF

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 24 I 3009 HERITAGE LANDING ROAD, WILLIAMSBURG, VA 23185
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DISTRICT 35 N 6301 COLLINS AVE, #2101, MIAMI BEACH, FL 33141-4644
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SPECIAL OLYMPICS: LCIF SPECIAL OLYMPICS PARTNERSHIP (2020-2021)
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MULTIPLE DISTRICT 27: EXPAND DIABETES PROGRAM AT THE WISCONSIN LIONS CAMP
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 35 N: J & J SIGHT FOR KIDS - SOUTH FLORIDA
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	N/A: LIONS QUEST COMMUNITY PARTNERSHIP GRANT 2020 IS A BLOCK GRANT APPROVED FOR \$300,000; OF THIS AMOUNT, \$180,814 HAS BEEN DISBURSED TO DATE. THE GRANTEE(S) FOR THE REMAINING \$119,186 HAS NOT BEEN DETERMINED YET.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 24 I: RECREATION, EDUCATE AND CLIMB HIGHER (REACH) DIABETES YOUTH PROGRAM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 12 N: EQUIP ALL INCLUSIVE PLAYGROUND
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MULTIPLE DISTRICT 3: EXPAND LIONS MEADOWS OF HOPE FOSTER FACILITY
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 1 A: EQUIP FOOD BANK WITH BLAST CHILLERS

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

23-7030455

Part I Questions Regarding Compensation

	Yes	No
<p>1a 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
<p>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>	1b	
<p>2 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>	2	
<p>3 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>4 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>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>	4c	✓
<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>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 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>a The organization?</p>	5a	✓
<p>b Any related organization?</p>	5b	✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>6 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>a The organization?</p>	6a	✓
<p>b Any related organization?</p>	6b	✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 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>	7	✓
<p>8 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>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2020

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	237,687	0	93	37,957	24,493	300,230	0
	LCIF EXECUTIVE ADMINISTRATOR	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	16	365,786	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS

**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 for the latest information.

OMB No. 1545-0047

2020

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	THE SPECIAL OLYMPICS MISSION INCLUSION PARTNERSHIP, LIONS HAVE SCREENED THE VISION OF MORE THAN 446,000 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*OVER 500 MILLION DOSES OF MEDICATION DISTRIBUTED TO CONTROL OR HALT ONCHOCERCIASIS AND TRACHOMA, MORE THAN 955 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 87 EMPLOYEES, THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS, THE COMMON PAYING AGENT, REPORTED 380 EMPLOYEES ON FORM W-3 FOR 2020.
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	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. 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.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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. PROCEDURES: 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. 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. 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

Return Reference - Identifier	Explanation																																												
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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. 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. 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. 3. FORM 990 OF SIMILAR ORGANIZATIONS ARE REVIEWED PERIODICALLY IN DETERMINING THE EXECUTIVE ADMINISTRATOR'S SALARY. 4. THE SALARY REVIEW PROCESS IS CONTEMPORANEOUSLY DOCUMENTED																																												
FORM 990, PART VI, LINE 15B - PROCESS FOR ESTABLISHING COMPENSATION	THE FOUNDATION DOES NOT COMPENSATE 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	CT, FL, GA, HI, IL, KS, KY, 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	LIONS CLUBS INTERNATIONAL FOUNDATION'S FORM 990 IS AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG. THE FOUNDATION'S FORM 990-T AND UNSIGNED FORM 1023 ARE AVAILABLE UPON REQUEST. A CURRENT COPY OF THE FOUNDATION'S 501(C)(3) DETERMINATION LETTER FROM THE IRS IS ALSO AVAILABLE UPON REQUEST.																																												
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	LIONS CLUBS INTERNATIONAL FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.																																												
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr><tr><td>HEADQUARTERS' COST ALLOCATION</td><td>3,539,958</td><td>1,151,590</td><td>1,513,687</td><td>874,681</td></tr><tr><td>PROFESSIONAL FEES</td><td>2,051,303</td><td>984,368</td><td>110,600</td><td>956,335</td></tr><tr><td>LIONS QUEST PROGRAM DEVELOPMENT</td><td>208,254</td><td>208,254</td><td></td><td></td></tr><tr><td>AUXILIARY STAFF EXPENSES</td><td>36,000</td><td></td><td></td><td>36,000</td></tr><tr><td>LIONS QUEST FULFILLMENT/WAREHOUSE SERVICES</td><td>77,320</td><td>77,320</td><td></td><td></td></tr><tr><td>TRANSLATION EXPENSE</td><td>9,617</td><td>4,718</td><td>60</td><td>4,839</td></tr><tr><td>Total</td><td>5,922,452</td><td>2,426,250</td><td>1,624,347</td><td>1,871,855</td></tr></table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	HEADQUARTERS' COST ALLOCATION	3,539,958	1,151,590	1,513,687	874,681	PROFESSIONAL FEES	2,051,303	984,368	110,600	956,335	LIONS QUEST PROGRAM DEVELOPMENT	208,254	208,254			AUXILIARY STAFF EXPENSES	36,000			36,000	LIONS QUEST FULFILLMENT/WAREHOUSE SERVICES	77,320	77,320			TRANSLATION EXPENSE	9,617	4,718	60	4,839	Total	5,922,452	2,426,250	1,624,347	1,871,855
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																																									
HEADQUARTERS' COST ALLOCATION	3,539,958	1,151,590	1,513,687	874,681																																									
PROFESSIONAL FEES	2,051,303	984,368	110,600	956,335																																									
LIONS QUEST PROGRAM DEVELOPMENT	208,254	208,254																																											
AUXILIARY STAFF EXPENSES	36,000			36,000																																									
LIONS QUEST FULFILLMENT/WAREHOUSE SERVICES	77,320	77,320																																											
TRANSLATION EXPENSE	9,617	4,718	60	4,839																																									
Total	5,922,452	2,426,250	1,624,347	1,871,855																																									
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS</td><td>2,145,695</td></tr></table>					(a) Description	(b) Amount	RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	2,145,695																																				
(a) Description	(b) Amount																																												
RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	2,145,695																																												

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

**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) 2020

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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)													

Schedule R (Form 990) 2020

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					