

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 20 18

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

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

D Employer identification number
23-7030455

E Telephone number
(630) 468-6901

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

G Gross receipts \$ 136,934,250

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.LCIF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1968

M State of legal domicile: IL

Part I Summary

Activities & Governance	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 2017 (Part V, line 2a)	5	<u>61</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>36,191</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>78,710</u>
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>39,060,376</u>	<u>48,057,506</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>15,686,485</u>	<u>18,595,126</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>514,204</u>	<u>88,059</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>55,261,065</u>	<u>66,740,691</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>42,090,011</u>	<u>45,788,474</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>4,949,980</u>	<u>5,106,316</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>558,750</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,775,959</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>11,419,547</u>	<u>13,145,266</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>58,459,538</u>	<u>64,598,806</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(3,198,473)</u>	<u>2,141,885</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>313,789,739</u>	<u>313,143,351</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>34,237,850</u>	<u>29,669,258</u>
		<u>279,551,889</u>	<u>283,474,093</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 _____

Type or print name and title REBECCA DAOU, LCIF EXECUTIVE ADMINISTRATOR

Paid Preparer Use Only

Print/Type preparer's name NICOLE BENCIK Preparer's signature *Nicole Bencik* Date 2/4/19 Check if self-employed PTIN P00756195

Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312) 899-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

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

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

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

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

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

• The books are in the care of ► REBECCA DAOU

Telephone No. ► (630) 468-6901 Fax No. ► _____

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

1 I request an automatic 6-month extension of time until 05/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 07/01, 20 17, and ending 06/30, 20 18.

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

TO SUPPORT THE EFFORTS OF LIONS CLUBS AND PARTNERS IN SERVING COMMUNITIES LOCALLY AND GLOBALLY,
GIVING HOPE AND IMPACTING LIVES THROUGH HUMANITARIAN SERVICE PROJECTS AND GRANTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 25,567,092 including grants of \$ 23,861,459) (Revenue \$)

HUMANITARIAN GRANTS AND PROGRAMS - AS MEMBERS OF THEIR COMMUNITY, LIONS ARE UNIQUELY POSITIONED TO IDENTIFY LOCAL INITIATIVES THAT WILL IMPROVE THE LIVES OF THE PEOPLE AROUND THEM WHO ARE UNDERSERVED AND VULNERABLE. EACH YEAR LIONS CLUB MEMBERS DESIGN AND IMPLEMENT PROJECTS THAT IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES, THE ELDERLY, THE CHRONICALLY ILL, AT-RISK YOUTH, AND ECONOMICALLY DISADVANTAGED MEMBERS OF THEIR COMMUNITIES. LCIF HUMANITARIAN GRANTS ARE COMBINED WITH LOCALLY RAISED FUNDS, TYPICALLY SUPPORTING CAPITAL CONSTRUCTIONS OR EQUIPMENT NEEDS. IN ADDITION, LCIF DEVELOPS GLOBAL INITIATIVES AND PARTNERSHIPS BASED ON COMMON LOCAL NEEDS, FOR EXAMPLE THROUGH THE OPENING EYES PROGRAM WITH SPECIAL OLYMPICS LIONS HAVE SCREENED THE VISION OF MORE THAN 405,509 ATHLETES IN 93 DIFFERENT COUNTRIES. ALSO, THROUGH INVOLVEMENT WITHIN THE MEASLES INITIATIVE AND GAVI, THE VACCINE ALLIANCE SINCE 2010, LIONS HELPED SUPPORT THE VACCINATION OF MILLIONS OF CHILDREN IN SEVERAL COUNTRIES.

4b (Code:) (Expenses \$ 12,562,975 including grants of \$ 9,999,907) (Revenue \$)

SIGHTFIRST - ACCORDING TO INTERNATIONAL EXPERTS, 80% OF ALL VISUAL IMPAIRMENT CAN BE AVOIDED. SIGHTFIRST IS THE FOUNDATION'S PROGRAM WHICH AIMS TO SUSTAINABLY AND SYSTEMATICALLY COMBAT PREVENTABLE BLINDNESS AND VISUAL IMPAIRMENT AROUND THE WORLD. THROUGH SIGHTFIRST, LCIF FUNDS PROJECTS THAT BUILD COMPREHENSIVE EYE CARE SYSTEMS TO FIGHT THE MAJOR CAUSES OF BLINDNESS/VISUAL IMPAIRMENT AND CARE FOR BLIND AND VISUALLY IMPAIRED PERSONS. THE PROGRAM SUPPORTS HIGH QUALITY, SUSTAINABLE PROJECTS THAT DELIVER EYE CARE SERVICES, TRAIN PERSONNEL, DEVELOP INFRASTRUCTURE AND/OR PROVIDE REHABILITATION AND EDUCATION IN UNDER SERVED COMMUNITIES. IN SUMMARY, SIGHTFIRST HAS INVESTED US\$346.29 MILLION IN 1,302 PROJECTS IN 117 COUNTRIES, RESULTING IN:

- * OVER 9.2 MILLION CATARACT SURGERIES
 - * BUILDING OR EXPANDING OVER 1,520 EYE HOSPITALS/CLINICS/WARDS AND RELATED FACILITIES
 - * TRAINING OF OVER 3.07 MILLION OPHTHALMOLOGISTS, OPTOMETRISTS, OPHTHALMIC NURSES, COMMUNITY
- (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 9,666,823 including grants of \$ 9,666,823) (Revenue \$)

DISASTER RELIEF - LCIF IMPLEMENTS A GRASSROOTS MODEL OF DISASTER RELIEF THROUGH EMERGENCY AND MAJOR CATASTROPHE GRANTS. THESE GRANTS ARE IMMEDIATELY AVAILABLE TO LOCAL LIONS IN AREAS AFFECTED BY NATURAL DISASTERS, SUCH AS HURRICANES, EARTHQUAKES, AND FLOODS, AND CAN BE USED FIRST FOR IMMEDIATE NEEDS AND LATER FOR LONG-TERM RECONSTRUCTION. IMMEDIATELY AFTER A DISASTER, LIONS QUICKLY ASSESS THE MOST URGENT NEEDS AND USE EMERGENCY GRANT FUNDS TO DELIVER BASICS SUCH AS WATER, FOOD, CLOTHING AND MEDICINE. AFTER IMMEDIATE NEEDS ARE MET, MAJOR CATASTROPHE FUNDS ARE USED TO REBUILD THE LIVES OF THOSE AFFECTED BY PROVIDING KEY INFRASTRUCTURE SUCH AS HOUSING, SCHOOLS, AND OTHER IMPORTANT COMMUNITY BUILDINGS. TO DATE, NEARLY 4,494 EMERGENCY GRANTS HAVE BEEN AWARDED WORLDWIDE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,495,891 including grants of \$ 2,260,285) (Revenue \$ 331,141)

4e Total program service expenses **▶** 52,292,781

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	✓	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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.	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 30		
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?	✓	
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 61		
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)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	✓	
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)?	✓	
b	If "Yes," enter the name of the foreign country: IN, JA 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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
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?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		

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 in 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		
	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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<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 in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► AL, AR, AZ, CA, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
REBECCA DAOU, 300 WEST 22ND STREET, OAK BROOK, IL 60523-8842, (630) 468-6901

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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) ROBERT CORLEW LCIF CHAIRPERSON	20.0 20.0	✓		✓				0	4,650	0
(2) JAMES E ERVIN VICE CHAIRPERSON	2.0 0.0	✓		✓				0	0	0
(3) N.S. SANKAR SECRETARY	2.0 0.0	✓		✓				0	0	0
(4) CHING-LI LEE TREASURER	2.0 0.0	✓		✓				0	0	0
(5) DR. NARESH AGGARWAL LCI INTERNATIONAL PRESIDENT	5.0 35.0	✓						0	0	0
(6) CLEMENT F KUSIAK TRUSTEE	2.0 0.0	✓						0	0	0
(7) GARNET E DAVIS TRUSTEE	2.0 0.0	✓						0	0	0
(8) FÁBIO DE ALMEIDA TRUSTEE	2.0 0.0	✓						0	0	0
(9) PHILIPPE GERONDAL TRUSTEE	2.0 0.0	✓						0	0	0
(10) SHINJI KAYAMORI TRUSTEE	2.0 0.0	✓						0	0	0
(11) SHYAM MALPANI TRUSTEE	2.0 0.0	✓						0	0	0
(12) BARRY J PALMER TRUSTEE	2.0 0.0	✓						0	0	0
(13) TEBEBE YEMANE BERHAN TRUSTEE	2.0 0.0	✓						0	0	0
(14) ROBERT S LITTLEFIELD TRUSTEE	2.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHIKAO SUZUKI TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) IN-KYO OH TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) KAJIT HABANANANDA TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DR. JITSUHIRO YAMADA TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) ALEXIS VINCENT GOMÈS TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) GUDRUN B YNGVADOTTIR FIRST VICE PRESIDENT	5.0 35.0	<input checked="" type="checkbox"/>						0	0	0
(21) JUNG-YUL CHOI SECOND VICE PRESIDENT	5.0 35.0	<input checked="" type="checkbox"/>						0	0	0
(22) HAYNES H TOWNSEND THIRD VICE-PRESIDENT	5.0 35.0	<input checked="" type="checkbox"/>						0	3,900	0
(23) REBECCA DAOU LCIF EXECUTIVE ADMINISTRATOR	40.0 0.0			<input checked="" type="checkbox"/>				202,032	0	72,073
(24) NATHAN MILES CHIEF DEVELOPMENT MANAGER	40.0 0.0					<input checked="" type="checkbox"/>		137,872	0	14,735
(25)										
1b Sub-total								339,904	8,550	86,808
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								339,904	8,550	86,808

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 **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTERNATIONAL ASSOCIATION OF LIONS CLUBS , 300 W. 22ND STREET , OAK BROOK, IL 60523	PROFESSIONAL SERVICES	2,605,626
WORLD HEALTH ORGANIZATION, 20 AVENUE APPIA, 1211 GENEVA 27, SZ	TECHNICAL SUPPORT	645,767
THE NORTHERN TRUST COMPANY, 50 S. LASALLE STREET, CHICAGO, IL 60675	INVESTMENT CUSTODY FEES	267,962
PARK PLACE CAPITAL MANAGEMENT, 11270 W PARK PLACE, SUITE 900, MILWAUKEE, WI 53224	INVESTMENT ADVISORY SERVICES	115,206
COMMUNITY COUNSELLING SERVICES, 155 N WACKER DRIVE, SUITE 1790, CHICAGO, IL 60606	CONSULTING SERVICES	115,000

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 **9**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	48,057,506				
	g Noncash contributions included in lines 1a-1f: \$		499,924				
	h Total. Add lines 1a-1f		48,057,506				
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)		3,409,693		78,710	3,330,983	
	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		85,101,386			
		c Gain or (loss)		69,915,953			
		d Net gain or (loss)		15,185,433	0		15,185,433
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a		567,914			
		b Less: cost of goods sold	b	277,606			
		c Net income or (loss) from sales of inventory		290,308	290,308		
Miscellaneous Revenue		Business Code					
11a CURRENCY EXCHANGE LOSS		900099	(276,110)			(276,110)	
b LIONS QUEST TRAINING WORKSHOPS, NET OF COSTS		900099	40,833	40,833			
c CASH DISCOUNTS ON PURCHASES		900099	1,306			1,306	
d All other revenue		90009	31,722	0	0	31,722	
e Total. Add lines 11a-11d			(202,249)				
12 Total revenue. See instructions.			66,740,691	331,141	78,710	18,273,334	

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	5,876,048	5,876,048		
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	39,912,426	39,912,426		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	312,487	218,741	46,873	46,873
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	3,284,319	1,476,357	1,119,398	688,564
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	613,761	275,927	211,530	126,304
9 Other employee benefits	628,733	282,657	216,692	129,384
10 Payroll taxes	267,016	110,104	87,709	69,203
11 Fees for services (non-employees):				
a Management				
b Legal	37,953	2,804	21,998	13,151
c Accounting	57,526		57,526	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	558,750			558,750
f Investment management fees	934,160		934,160	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,624,209	2,619,025	1,787,822	1,217,362
12 Advertising and promotion	245,581	170,566		75,015
13 Office expenses	1,046,752	77,099	202,784	766,869
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,710,840	935,526	838,651	936,663
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,904	15,157	934	125,813
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,726	97,189		537
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>RECOGNITION</u>	2,102,650	81,624	2,093	2,018,933
b -----				
c -----				
d -----				
e All other expenses	145,965	141,531	1,896	2,538
25 Total functional expenses. Add lines 1 through 24e	64,598,806	52,292,781	5,530,066	6,775,959
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	10,411,691	2	15,158,714
	3 Pledges and grants receivable, net		3	6,740,198
	4 Accounts receivable, net	73,960	4	109,494
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,081,953	9	1,204,969
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,870,821		
	b Less: accumulated depreciation	10b 4,410,831	10c	459,990
	11 Investments—publicly traded securities	198,406,884	11	187,147,200
	12 Investments—other securities. See Part IV, line 11	102,011,950	12	101,466,467
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,454,503	15	856,319
16 Total assets. Add lines 1 through 15 (must equal line 34)	313,789,739	16	313,143,351	
Liabilities	17 Accounts payable and accrued expenses	639,118	17	511,441
	18 Grants payable	33,433,602	18	27,441,104
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	165,130	25	1,716,713
	26 Total liabilities. Add lines 17 through 25	34,237,850	26	29,669,258
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	216,800,176	27	224,787,866
	28 Temporarily restricted net assets	62,251,713	28	58,186,227
	29 Permanently restricted net assets	500,000	29	500,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	279,551,889	33	283,474,093
34 Total liabilities and net assets/fund balances	313,789,739	34	313,143,351	

Part XI Reconciliation of Net Assets

Check 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	66,740,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,598,806
3	Revenue less expenses. Subtract line 2 from line 1	3	2,141,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	279,551,889
5	Net unrealized gains (losses) on investments	5	511,636
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 in Schedule O)	9	1,268,683
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	283,474,093

Part XII Financial Statements and Reporting

Check 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 checked="" type="checkbox"/> Separate basis <input 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 in 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 in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 33¹/₃% 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 33¹/₃% 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						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,942,268	39,796,459	39,484,613	39,060,376	48,057,506	210,341,222
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	43,942,268	39,796,459	39,484,613	39,060,376	48,057,506	210,341,222
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)						2,970,442
6 Public support. Subtract line 5 from line 4						207,370,780

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	43,942,268	39,796,459	39,484,613	39,060,376	48,057,506	210,341,222
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,284,484	6,044,616	5,680,240	4,103,311	3,409,693	27,522,344
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,976	4,897	5,015	4,921	33,028	51,837
11 Total support. Add lines 7 through 10						237,915,403
12 Gross receipts from related activities, etc. (see instructions)					12	3,436,927
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	87.16 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	81.74 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions).		
2	Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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) 2017

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	MISCELLANEOUS	3,976	4,897	5,015	4,921	33,028	51,837
	Total	3,976	4,897	5,015	4,921	33,028	51,837

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

2017

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset reporting.

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 are a 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 programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	584,508	525,768	524,607	670,990	598,933
b Contributions					0
c Net investment earnings, gains, and losses	55,322	58,740	1,161	3,617	83,791
d Grants or scholarships	33,130			150,000	11,734
e Other expenditures for facilities and programs					0
f Administrative expenses					0
g End of year balance	606,700	584,508	525,768	524,607	670,990

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 ▶ 82.40 %
- c** Temporarily restricted endowment ▶ 17.60 %

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:

	Yes	No
(i) unrelated organizations		✓
(ii) related organizations		✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

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		4,870,821	4,410,831	459,990
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				459,990

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) COMMINGLED TRUST FUNDS	78,764,427	END OF YEAR MARKET VALUE
(B) HEDGE FUNDS	14,472,170	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	8,229,870	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	101,466,467	

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	157,911
(3) DUE TO THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	1,558,802
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,716,713

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 FIN 48 (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.

Table with 3 columns: Description, Amount, and Total. Rows include: 1 Total revenue, gains, and other support per audited financial statements (66,318,166); 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; a Net unrealized gains (losses) on investments (511,635); b Donated services and use of facilities; c Recoveries of prior year grants; d Other (Describe in Part XIII.) (0); e Add lines 2a through 2d (511,635); 3 Subtract line 2e from line 1 (65,806,531); 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 (934,160); b Other (Describe in Part XIII.) (0); c Add lines 4a and 4b (934,160); 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) (66,740,691)

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.

Table with 3 columns: Description, Amount, and Total. Rows include: 1 Total expenses and losses per audited financial statements (62,395,962); 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; a Donated services and use of facilities; b Prior year adjustments; c Other losses; d Other (Describe in Part XIII.) (1,268,684); e Add lines 2a through 2d (1,268,684); 3 Subtract line 2e from line 1 (63,664,646); 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 (934,160); b Other (Describe in Part XIII.) (0); c Add lines 4a and 4b (934,160); 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) (64,598,806)

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

Horizontal dashed lines for providing supplemental information.

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 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	- 1,268,684

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GRANTMAKING	510,344
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTMAKING	7,079,328
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	GRANTMAKING	13,009,699
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	743,318
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	GRANTMAKING	950,093
(6) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GRANTMAKING	198,891
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES	GRANTMAKING	2,043,382
(8) SOUTH ASIA	1	6	PROGRAM SERVICES	GRANTMAKING	8,085,082
(9) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	7,292,289
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	PROJECT CONSULTING	19,084
(11) EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	PROJECT CONSULTING	51,366
(12) SOUTH AMERICA	0	2	PROGRAM SERVICES	PROJECT CONSULTING	45,970
(13) SOUTH ASIA	0	6	PROGRAM SERVICES	PROJECT CONSULTING	117,085
(14) SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	PROJECT CONSULTING	44,411
(15) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		2,983,882
(16) EAST ASIA AND THE PACIFIC	0	2	ADMINISTRATIVE SUPPORT		83,205
(17)					
3a Sub-total	1	22			43,257,429
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	22			43,257,429

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)			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL SCHOOL RENOVATION PROJECT (2017)	220,796	WIRE			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	HAITI: MONFORT INSTITUTE FOR THE DEAF	83,400	WIRE			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	CONSTRUCT SPECIAL EDUCATION SCHOOL IN HONDURAS	39,325	WIRE			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	VISION MISSION TO THE DOMINICAN REPUBLIC	28,008	ELECTRONIC			
(5)			CENTRAL AMERICA AND THE CARIBBEAN	EXPAND LIONS QUEST	23,815	WIRE			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE IRMA RELIEF	20,000	WIRE			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	AGRICULTURAL ENTREPRENEURSHIP PROJECT IN GONAIVES	13,000	WIRE			
(8)			CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF - PROJECT COORDINATION	12,000	WIRE			
(9)			CENTRAL AMERICA AND THE CARIBBEAN	SAN PEDRO ACADEMY FROM DAVIS TRUST	10,000	CHECK			
(10)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	WIRE			
(11)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	ELECTRONIC			
(12)			CENTRAL AMERICA AND THE CARIBBEAN	FLOOD RELIEF	10,000	WIRE			
(13)			CENTRAL AMERICA AND THE CARIBBEAN	VOLCANO RELIEF	10,000	WIRE			
(14)			CENTRAL AMERICA AND THE CARIBBEAN	FLOOD RELIEF	10,000	WIRE			
(15)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	WIRE			
(16)			(SEE STATEMENT)						

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

3 Enter total number of other organizations or entities **361**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		EAST ASIA AND THE PACIFIC	LIONS NATIONAL RESOURCE CENTRE FOR EYE CARE: STRENGTHENING C	645,066	CHECK			
(17)		EAST ASIA AND THE PACIFIC	SOUTHERN THAILAND FLOODING RELIEF	244,030	WIRE			
(18)		EAST ASIA AND THE PACIFIC	SPECIAL OLYMPICS - NIPPON SUMMER NATIONAL GAMES	183,715	CHECK			
(19)		EAST ASIA AND THE PACIFIC	CONSTRUCT PATIENT & FAMILY GUEST HOME FOR HOSPITAL IN BEGA N	100,000	CHECK			
(20)		EAST ASIA AND THE PACIFIC	INDONESIA MR CAMPAIGN 2017	100,000	WIRE			
(21)		EAST ASIA AND THE PACIFIC	KYUSHU JAPAN FLOODING RELIEF	100,000	CHECK			
(22)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE DIABETES & VISION SCREENING VEHICLE	100,000	CHECK			
(23)		EAST ASIA AND THE PACIFIC	PURCHASE FIVE TRANSPORT VEHICLES FOR DISABLED & SENIORS	100,000	CHECK			
(24)		EAST ASIA AND THE PACIFIC	PURCHASE MOBILE DIABETES & VISION SCREENING VEHICLE & DIABE	100,000	CHECK			
(25)		EAST ASIA AND THE PACIFIC	PURCHASE EMERGENCY RESCUE EQUIPMENT	100,000	CHECK			
(26)		EAST ASIA AND THE PACIFIC	EQUIP DIABETES & VISION SCREENING PROGRAM	100,000	CHECK			
(27)		EAST ASIA AND THE PACIFIC	ESTABLISH & EQUIP VOCATIONAL TRAINING FACILITY FOR DISABLED	100,000	CHECK			
(28)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR CHILDREN & SENIORS	100,000	CHECK			
(29)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	WIRE			
(30)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES	100,000	CHECK			
(31)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE HEALTH	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)
			SCREENING VEHICLE					
(32)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP DIABETES CARE VEHICLE	100,000	CHECK			
(33)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP 4 DIABETES CARE VEHICLES	100,000	CHECK			
(34)		EAST ASIA AND THE PACIFIC	PURCHASE AMBULANCE & FOUR TRANSPORT VEHICLES	100,000	CHECK			
(35)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE DIABETES SCREENING VEHICLE	100,000	CHECK			
(36)		EAST ASIA AND THE PACIFIC	CHUNGBUK KOREA FLOODING RELIEF	100,000	CHECK			
(37)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE MEDICAL VEHICLE FOR ISAM HOSPITAL IN	100,000	CHECK			
(38)		EAST ASIA AND THE PACIFIC	PURCHASE 12 TRANSPORT VEHICLES FOR DISABLED	100,000	CHECK			
(39)		EAST ASIA AND THE PACIFIC	RENOVATE REHABILITATION FACILITY FOR DISABLED IN SEOUL	100,000	CHECK			
(40)		EAST ASIA AND THE PACIFIC	WILLINGNESS TO PAY AND BARRIERS TO PURCHASING CHILDREN'S SPE	99,957	CHECK			
(41)		EAST ASIA AND THE PACIFIC	PURCHASE 20 TRANSPORT VEHICLES FOR DISABLED & SENIORS	99,500	CHECK			
(42)		EAST ASIA AND THE PACIFIC	EXPAND ELEMENTARY SCHOOL IN VIETNAM	95,000	CHECK			
(43)		EAST ASIA AND THE PACIFIC	A RANDOMIZED TRIAL OF LOW-COST MODEL EYES FOR CATARACT SURGI	94,090	WIRE			
(44)		EAST ASIA AND THE PACIFIC	PURCHASE MOBILE BATH UNIT FOR DISABLED & SENIORS	94,000	CHECK			
(45)		EAST ASIA AND THE PACIFIC	PURCHASE 7 TRANSPORT VEHICLES FOR DISABLED & SENIORS	92,971	CHECK			
(46)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - THAILAND 2017	92,752	WIRE			
(47)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - BEIJING 2017	90,000	WIRE			
(48)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT 9	88,164	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)
			VEHICLES FOR DISABLED, SENIORS & YOUTH					
(49)		EAST ASIA AND THE PACIFIC	ESTABLISH VOCATIONAL TRAINING PROGRAM FOR DISABLED	86,731	CHECK			
(50)		EAST ASIA AND THE PACIFIC	PURCHASE VEHICLES FOR FOUR SOCIAL SERVICE ORGANIZATIONS	86,576	CHECK			
(51)		EAST ASIA AND THE PACIFIC	REFURBISH HEALTH CENTER IN NEW ZEALAND	84,828	ELECTRONIC			
(52)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR SEVEN WELFARE CENTERS	82,359	CHECK			
(53)		EAST ASIA AND THE PACIFIC	PURCHASE 8 TRANSPORT VEHICLES FOR DISABLED	80,000	CHECK			
(54)		EAST ASIA AND THE PACIFIC	PURCHASE 12 TRANSPORT VEHICLES FOR DISABLED	80,000	CHECK			
(55)		EAST ASIA AND THE PACIFIC	EQUIP TWO HOSPITALS IN THAILAND	79,750	WIRE			
(56)		EAST ASIA AND THE PACIFIC	EQUIP TWO HOSPITALS IN THAILAND	79,250	WIRE			
(57)		EAST ASIA AND THE PACIFIC	PURCHASE 4 TRANSPORT VEHICLES FOR DISABLED	75,000	CHECK			
(58)		EAST ASIA AND THE PACIFIC	EQUIP TWO HOSPITALS IN THAILAND	72,300	WIRE			
(59)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP AMBULANCE FOR VOLUNTEER EMERGENCY STATION	65,217	ELECTRONIC			
(60)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR CHILDREN	64,520	CHECK			
(61)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE VISION SCREENING VEHICLE FOR CHILDREN	62,503	CHECK			
(62)		EAST ASIA AND THE PACIFIC	LCI - SPECIAL OLYMPICS - JAPAN	62,000	ELECTRONIC			
(63)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	60,000	CHECK			
(64)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - PHILIPPINES 2017	58,000	CHECK			
(65)		EAST ASIA AND THE PACIFIC	RENOVATE & EQUIP MEAL CENTER FOR SENIORS & DISABLED	57,000	CHECK			
(66)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE	53,686	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)
			FOOD TRUCK TO FEED DISABLED AT OLYMP					
(67)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	53,000	CHECK			
(68)		EAST ASIA AND THE PACIFIC	PURCHASE AMBULANCE FOR HOSPITAL IN THAILAND	50,000	WIRE			
(69)		EAST ASIA AND THE PACIFIC	MOBILE CATARACT SCREENING AND SURGERY CAMPAIGN	50,000	WIRE			
(70)		EAST ASIA AND THE PACIFIC	FURNISH FOUR ROOMS IN PATIENT GUEST FACILITY	46,154	CHECK			
(71)		EAST ASIA AND THE PACIFIC	PURCHASE 3 TRANSPORT VEHICLES FOR DISABLED	44,000	CHECK			
(72)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	44,000	WIRE			
(73)		EAST ASIA AND THE PACIFIC	PURCHASE THREE TRANSPORT VEHICLES FOR TWO SOCIAL SERVICE ORG	42,796	CHECK			
(74)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	41,841	WIRE			
(75)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM	41,379	CHECK			
(76)		EAST ASIA AND THE PACIFIC	EXPAND JUNIOR HIGH SCHOOL IN CAMBODIA	40,627	CHECK			
(77)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED & SENIORS	40,000	CHECK			
(78)		EAST ASIA AND THE PACIFIC	EQUIP TWO HOSPITALS IN NORTHERN THAILAND	39,500	WIRE			
(79)		EAST ASIA AND THE PACIFIC	LCI - SPECIAL OLYMPICS - JAPAN	38,000	ELECTRONIC			
(80)		EAST ASIA AND THE PACIFIC	COMPUTERS FOR THREE SCHOOLS IN THAILAND	37,125	WIRE			
(81)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	34,920	WIRE			
(82)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR DISABLED & YOUTH	34,000	CHECK			
(83)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR CHILDREN & SENIORS	33,166	CHECK			
(84)		EAST ASIA AND THE PACIFIC	PURCHASE TWO TRANSPORT VEHICLES FOR SENIORS	30,000	CHECK			
(85)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR	27,924	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)
			DISABLED					
(86)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(87)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(88)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(89)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(90)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(91)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(92)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(93)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(94)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR HOSPITAL IN THAILAND	23,753	CHECK			
(95)		EAST ASIA AND THE PACIFIC	EXPAND & RENOVATE TWO SCHOOLS IN LAOS	23,413	CHECK			
(96)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	23,004	CHECK			
(97)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	23,000	CHECK			
(98)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	23,000	CHECK			
(99)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	22,523	CHECK			
(100)		EAST ASIA AND THE PACIFIC	PURCHASE THERAPY EQUIPMENT FOR DISABLED	21,000	CHECK			
(101)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	20,716	CHECK			
(102)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	20,000	CHECK			
(103)		EAST ASIA AND THE PACIFIC	COMMUNITY RECOVERY	20,000	CHECK			
(104)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP TRANSPORT VEHICLE FOR DISABLED	20,000	CHECK			
(105)		EAST ASIA AND THE PACIFIC	REFURBISH & EQUIP MOBILE DIALYSIS UNIT	18,750	CHECK			
(106)		EAST ASIA AND THE PACIFIC	PURCHASE SCHOOL BUS FOR AT-RISK YOUTH	18,399	CHECK			
(107)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	18,000	CHECK			
(108)		EAST ASIA AND THE PACIFIC	CONSTRUCT KINDERGARTEN IN VIETNAM	17,723	CHECK			
(109)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	16,422	CHECK			
(110)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR ADULTS	15,997	CHECK			
(111)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	15,000	CHECK			
(112)		EAST ASIA AND	EQUIP SCHOOL	14,735	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	FOR DEAF & HEARING IMPAIRED IN AICHI PREFECTURE					
(113)		EAST ASIA AND THE PACIFIC	EQUIP SOCIAL WELFARE COUNCIL IN ANJO CITY, JAPAN	14,615	CHECK			
(114)		EAST ASIA AND THE PACIFIC	CONSTRUCT KINDERGARTEN IN THE PHILIPPINES	14,300	CHECK			
(115)		EAST ASIA AND THE PACIFIC	EQUIP SCHOOL FOR BLIND & VISUALLY IMPAIRED	13,717	CHECK			
(116)		EAST ASIA AND THE PACIFIC	EQUIP KYOTO PREFECTURE RED CROSS BLOOD CENTER	12,500	CHECK			
(117)		EAST ASIA AND THE PACIFIC	EXPAND SCHOOL IN BANGLADESH	12,327	CHECK			
(118)		EAST ASIA AND THE PACIFIC	PURCHASE REHABILITATION EQUIPMENT FOR DISABLED STUDENTS	11,020	CHECK			
(119)		EAST ASIA AND THE PACIFIC	PURCHASE EQUIPMENT FOR DEAF & HEARING IMPAIRED	10,566	CHECK			
(120)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR HELEN KELLER FOUNDATION	10,566	CHECK			
(121)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(122)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(123)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(124)		EAST ASIA AND THE PACIFIC	VOLCANIC ERUPTION RELIEF	10,000	WIRE			
(125)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(126)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(127)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	10,000	CHECK			
(128)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	10,000	CHECK			
(129)		EAST ASIA AND THE PACIFIC	EQUIP 4 SOCIAL SERVICE ORGANIZATIONS IN JAPAN	10,000	CHECK			
(130)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR MEGUMI NURSING HOME	10,000	CHECK			
(131)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(132)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(133)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(134)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(135)		EAST ASIA AND THE PACIFIC	FIJI CYCLONE RELIEF	10,000	ELECTRONIC			
(136)		EAST ASIA AND THE PACIFIC	EARTHQUAKE	10,000	CHECK			

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			RELIEF					
(137)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	WIRE			
(138)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	CHECK			
(139)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	CHECK			
(140)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	CHECK			
(141)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	CHECK			
(142)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	CHECK			
(143)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(144)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(145)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	WIRE			
(146)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(147)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(148)		EAST ASIA AND THE PACIFIC	STORM RELIEF	10,000	WIRE			
(149)		EAST ASIA AND THE PACIFIC	SFK PROGRAM VIDEO (THAILAND) 2017	8,067	CHECK			
(150)		EAST ASIA AND THE PACIFIC	BALLARAT REGIONAL INDUSTRIES FOR THE DISABLED	7,500	CHECK			
(151)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTRAL ITALY EARTHQUAKE RECONSTRUCTION	2,628,699	WIRE			
(152)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LCIF - GAVI PARTNERSHIP	2,500,000	WIRE			
(153)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LCIF - GAVI PARTNERSHIP	2,000,000	WIRE			
(154)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LCIF - GAVI PARTNERSHIP	2,000,000	WIRE			
(155)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LCIF - GAVI PARTNERSHIP	1,000,000	WIRE			
(156)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS QUEST - UNODC EXPANSION	249,634	WIRE			
(157)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	ELECTRONIC			
(158)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	WIRE			
(159)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	WIRE			
(160)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	WIRE			
(161)		EUROPE (INCLUDING ICELAND AND GREENLAND)	POTABLE WATER PROJECT IN NAMIBIA	100,000	WIRE			
(162)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT HOME FOR DISABLED & SENIORS	100,000	ELECTRONIC			
(163)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE & EQUIP MOBILE HEALTH UNIT	100,000	ELECTRONIC			

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(164)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP LIONS EYE BANK	100,000	ELECTRONIC			
(165)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	WIRE			
(166)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	WIRE			
(167)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH CENTER FOR THE DISABLED	100,000	WIRE			
(168)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ADOLESCENT DIABETES CAMPS AND SUPPORT GROUPS, ROMANIA	84,912	ELECTRONIC			
(169)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE & EQUIP VOCATIONAL TRAINING PROGRAM FOR DISABLED	82,200	ELECTRONIC			
(170)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP LIONS EYE BANK	80,157	ELECTRONIC			
(171)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMMUNITY DEVELOPMENT PROJECT IN KENYA	79,888	ELECTRONIC			
(172)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RURAL DEVELOPMENT IN TANZANIA	77,095	ELECTRONIC			
(173)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE PEDIATRIC ONCOLOGY UNIT	75,000	ELECTRONIC			
(174)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP SWEDISH LIONS TENT PROGRAM	75,000	WIRE			
(175)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DIABETES SCREENING AND AWARENESS PROGRAM	72,013	WIRE			
(176)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	71,203	ELECTRONIC			
(177)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE-CREATE MOBILE CLASSROOMS	66,259	ELECTRONIC			
(178)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE HOME FOR THE DISABLED	61,930	WIRE			
(179)		EUROPE (INCLUDING ICELAND AND GREENLAND)	POTABLE WATER PROJECT IN MALAWI	60,000	ELECTRONIC			
(180)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE-CREATE 32 PRE-SCHOOLS	51,200	WIRE			
(181)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE RETCAM TO DIAGNOSE RETINOPATHY OF PREMATURITY	50,000	WIRE			
(182)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP ONCOLOGY LAB AT HOSPITAL	37,422	WIRE			
(183)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LIONS DIABETES CAMP, AUSTRIA	32,722	ELECTRONIC			
(184)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP LIONS VISION	30,542	WIRE			

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		GREENLAND)	SCREENING PROJECT					
(185)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COOK STOVE PROJECT IN TANZANIA	30,000	WIRE			
(186)		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMPLEMENT LIONS QUEST	27,061	WIRE			
(187)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH PLAYGROUND FOR THE DISABLED	27,035	ELECTRONIC			
(188)		EUROPE (INCLUDING ICELAND AND GREENLAND)	POTABLE WATER PROJECT IN ETHIOPIA	27,000	ELECTRONIC			
(189)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE-CREATE THERAPY ROOM	26,609	ELECTRONIC			
(190)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	25,000	ELECTRONIC			
(191)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	25,000	ELECTRONIC			
(192)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ESTABLISH ART VOCATIONAL TRAINING CENTER FOR AUTISTIC YOUTH	24,677	ELECTRONIC			
(193)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP LIONS VISION SCREENING PROGRAM	20,850	ELECTRONIC			
(194)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMMUNITY RECOVERY	20,000	ELECTRONIC			
(195)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMMUNITY RECOVERY	20,000	ELECTRONIC			
(196)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE & EQUIP HOSPITAL IN KAHEMBA, DRC	16,225	ELECTRONIC			
(197)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE MOTORCYCLE FOR BLOOD DONATION ORGANIZATION	16,000	WIRE			
(198)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FACILITY UPGRADE AT RESIDENCE FOR DISABLED	15,561	ELECTRONIC			
(199)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE - RENOVATE & EQUIP PROGRAM FOR REFUGEES	15,000	ELECTRONIC			
(200)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE SENSORY GARDEN AT SCHOOL FOR BLIND	12,500	WIRE			
(201)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE BEDSIDE MONITORS FOR HOSPITAL	12,000	WIRE			
(202)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CREATE & EQUIP LIBRARY/COMPUTER LAB IN SENEGAL	10,055	WIRE			
(203)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			

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(204)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			
(205)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP DENTISTRY PROGRAM IN TUNISIA	10,000	ELECTRONIC			
(206)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	ELECTRONIC			
(207)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			
(208)		EUROPE (INCLUDING ICELAND AND GREENLAND)	WILDFIRE RELIEF	10,000	ELECTRONIC			
(209)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CLEAN WATER PROJECT IN REP OF GAMBIA	9,500	ELECTRONIC			
(210)		MIDDLE EAST AND NORTH AFRICA	UPGRADE ST. JOHN'S EYE HOSPITAL GROUP	426,655	WIRE			
(211)		MIDDLE EAST AND NORTH AFRICA	ESTABLISH LIONS OUTPATIENT EYE CENTER AT TEL CHIHA HOSPITAL,	191,800	WIRE			
(212)		MIDDLE EAST AND NORTH AFRICA	PURCHASE EQUIPMENT FOR EYE HOSPITAL	75,000	WIRE			
(213)		MIDDLE EAST AND NORTH AFRICA	ESTABLISH BLOOD BANK	49,863	WIRE			
(214)		NORTH AMERICA (CANADA & MEXICO ONLY)	EXPANSION OF LIONS CLINIC - SONORA, MEXICO	122,924	WIRE			
(215)		NORTH AMERICA (CANADA & MEXICO ONLY)	RENOVATE SENIOR'S RESIDENCE FACILITY	100,000	WIRE			
(216)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP MINNEDOSA PRIMARY CARE CENTRE	100,000	WIRE			
(217)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP EMERGENCY AIR TRANSPORT SERVICES	100,000	WIRE			
(218)		NORTH AMERICA (CANADA & MEXICO ONLY)	EARTHQUAKE RELIEF	100,000	WIRE			
(219)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP DELHI COMMUNITY HEALTH CENTRE	100,000	WIRE			
(220)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP PETERBOROUGH REGIONAL HEALTH CENTRE	69,816	CHECK			
(221)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP HUMAN TISSUE BANK	45,850	WIRE			
(222)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP OAKVILLE TRAFALGAR MEMORIAL HOSPITAL	36,739	ELECTRONIC			
(223)		NORTH AMERICA (CANADA & MEXICO ONLY)	RENOVATE AND EQUIP FOOD BANK	28,984	ELECTRONIC			
(224)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP ABBOTSFORD REGIONAL HOSPITAL	25,000	ELECTRONIC			
(225)		NORTH AMERICA (CANADA & MEXICO ONLY)	EXPAND LIONS QUEST	25,000	ELECTRONIC			
(226)		NORTH AMERICA (CANADA &	RENOVATE LIONS	22,972	ELECTRONIC			

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		MEXICO ONLY)	CAMP HURONDA					
(227)		NORTH AMERICA (CANADA & MEXICO ONLY)	EXPAND LIONS QUEST	21,833	WIRE			
(228)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP LIONS VISION SCREENING PROGRAM	15,510	WIRE			
(229)		NORTH AMERICA (CANADA & MEXICO ONLY)	STORM RELIEF	10,000	WIRE			
(230)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	WIRE			
(231)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP LIONS VISION SCREENING PROGRAM	10,000	WIRE			
(232)		RUSSIA AND NEIGHBORING STATES	EXPAND LIONS QUEST	87,691	WIRE			
(233)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOM IN ORPHANAGE	38,600	WIRE			
(234)		RUSSIA AND NEIGHBORING STATES	EQUIP SENSORY ROOM IN ORPHANAGE	38,600	WIRE			
(235)		RUSSIA AND NEIGHBORING STATES	PURCHASE LOW-VISION AIDS FOR ORPHANAGE	34,000	WIRE			
(236)		SOUTH AMERICA	COMPREHENSIVE EYE CARE SYSTEM DEVELOPMENT, BOLIVIA	422,791	WIRE			
(237)		SOUTH AMERICA	INFRASTRUCTURE DEVELOPMENT FOR SAN JAVIER OPHTHALMOLOGICAL C	170,200	WIRE			
(238)		SOUTH AMERICA	UPDATE PEDIATRIC CANCER HOSPITAL EQUIPMENT	98,904	ELECTRONIC			
(239)		SOUTH AMERICA	EXPAND LIONS QUEST	98,688	WIRE			
(240)		SOUTH AMERICA	EQUIP LIONS VISION CLINIC	98,000	WIRE			
(241)		SOUTH AMERICA	EXPAND LIONS QUEST	92,500	WIRE			
(242)		SOUTH AMERICA	UPDATE HOSPITAL MATERNITY WARD	76,402	ELECTRONIC			
(243)		SOUTH AMERICA	CONSTRUCT ELEMENTARY AND MIDDLE SCHOOL	75,000	WIRE			
(244)		SOUTH AMERICA	UPDATE HOSPITAL SURGICAL EQUIPMENT	74,641	ELECTRONIC			
(245)		SOUTH AMERICA	UPDATE EMERGENCY ROOM EQUIPMENT	72,600	ELECTRONIC			
(246)		SOUTH AMERICA	EXPAND LIONS QUEST	71,666	WIRE			
(247)		SOUTH AMERICA	UPDATE MAMMOGRAPHY EQUIPMENT FOR HOSPITAL	70,081	ELECTRONIC			
(248)		SOUTH AMERICA	EXPAND PHYSICAL	64,815	ELECTRONIC			

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			THERAPY PROGRAM FOR THE DISABLED					
(249)		SOUTH AMERICA	UPDATE MEDICAL EQUIPMENT	57,923	WIRE			
(250)		SOUTH AMERICA	UPDATE HOSPITAL STERILIZATION EQUIPMENT	50,977	ELECTRONIC			
(251)		SOUTH AMERICA	PURCHASE AND EQUIP MOBILE OPHTHALMOLOGICAL UNIT	47,821	ELECTRONIC			
(252)		SOUTH AMERICA	UPDATE HOSPITAL WITH RADIOLOGY EQUIPMENT	46,270	ELECTRONIC			
(253)		SOUTH AMERICA	FACILITY UPGRADE AT HOME FOR THE ELDERLY	43,427	ELECTRONIC			
(254)		SOUTH AMERICA	SURGICAL EQUIPMENT FOR HOSPITAL	41,669	WIRE			
(255)		SOUTH AMERICA	EXPAND AND UPDATE PEDIATRIC CANCER SERVICES	37,203	WIRE			
(256)		SOUTH AMERICA	EXPAND AND IMPROVE EARLY INTERVENTION SERVICES	27,484	WIRE			
(257)		SOUTH AMERICA	EXPAND LIONS QUEST	25,000	ELECTRONIC			
(258)		SOUTH AMERICA	EXPAND LIONS QUEST	20,920	ELECTRONIC			
(259)		SOUTH AMERICA	TORNADO RELIEF	20,000	WIRE			
(260)		SOUTH AMERICA	HAILSTORM RELIEF - HOME REPAIRS	20,000	ELECTRONIC			
(261)		SOUTH AMERICA	SCHOOL REPAIRS	20,000	WIRE			
(262)		SOUTH AMERICA	TOOL FOR THE ASSESSMENT OF DIABETIC RETINOPATHY AND DIABETES	15,900	WIRE			
(263)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(264)		SOUTH AMERICA	WILDFIRE RELIEF	10,000	WIRE			
(265)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(266)		SOUTH AMERICA	HAILSTORM RELIEF	10,000	ELECTRONIC			
(267)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(268)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(269)		SOUTH AMERICA	EARTHQUAKE RELIEF	10,000	WIRE			
(270)		SOUTH AMERICA	ADOLESCENT DIABETES AWARENESS AND EDUCATION, PERU	7,500	WIRE			
(271)		SOUTH ASIA	NEPAL EARTHQUAKE - RECONSTRUCT 10 SCHOOLS	3,050,000	CHECK			
(272)		SOUTH ASIA	LCI - SPECIAL OLYMPICS - INDIA	333,333	ELECTRONIC			
(273)		SOUTH ASIA	SUPPLEMENTARY REQUEST TO SUPPORT THE CONSTRUCTION	300,000	CHECK			

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			OF GREATER					
(274)		SOUTH ASIA	HUMANITARIAN AWARD 2017 - 2018	250,000	CHECK			
(275)		SOUTH ASIA	WORLD DIABETES DAY 2017	200,000	CHECK			
(276)		SOUTH ASIA	MR CAMPAIGN 2017 - INDIA	150,000	CHECK			
(277)		SOUTH ASIA	MR CAMPAIGN 2017 - INDIA	150,000	CHECK			
(278)		SOUTH ASIA	MR CAMPAIGN 2018 - INDIA	150,000	CHECK			
(279)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL, ADAMPUR DOABA	145,158	WIRE			
(280)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL, VAPI	135,638	CHECK			
(281)		SOUTH ASIA	UPGRADE DMM LIONS EYE HOSPITAL, RATNAGIRI	133,338	WIRE			
(282)		SOUTH ASIA	MR CAMPAIGN 2017 - INDIA	130,165	CHECK			
(283)		SOUTH ASIA	MR CAMPAIGN 2017 - INDIA	128,390	CHECK			
(284)		SOUTH ASIA	UPGRADE LIONS SIGHT CENTER, NAWALAPITIYA	112,857	CHECK			
(285)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL PARASIA	108,670	CHECK			
(286)		SOUTH ASIA	UNHRD - DUBAI	100,000	ELECTRONIC			
(287)		SOUTH ASIA	EXPAND LIONS QUEST	100,000	WIRE			
(288)		SOUTH ASIA	CHENNAI FLOOD RECONSTRUCTION	100,000	CHECK			
(289)		SOUTH ASIA	ESTABLISH CANCER SCREENING CENTER	100,000	CHECK			
(290)		SOUTH ASIA	ESTABLISH DIALYSIS CENTER IN DELHI	100,000	CHECK			
(291)		SOUTH ASIA	EXPAND LIONS BLOOD BANK IN CHENNAI	100,000	CHECK			
(292)		SOUTH ASIA	EQUIP CANCER CENTER AT CHENNAI	100,000	CHECK			
(293)		SOUTH ASIA	UPGRADE BLOOD BANK AT SILIGURI	100,000	CHECK			
(294)		SOUTH ASIA	EQUIP LIONS SCHOOL AT ANKLESHWAR	100,000	CHECK			
(295)		SOUTH ASIA	ESTABLISH BLOOD BANK AT TRIVANDRUM	100,000	WIRE			
(296)		SOUTH ASIA	EXPAND ORPHANAGE AT URLABARI	100,000	CHECK			
(297)		SOUTH ASIA	SANITATION PROJECT IN RURAL TAMIL NADU	98,076	CHECK			
(298)		SOUTH ASIA	EQUIP HOSPITAL WITH MAMMOGRAPHY SYSTEM	98,039	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)
(299)		SOUTH ASIA	UPGRADE LIONS BLOOD BANK AT ERODE	96,947	WIRE			
(300)		SOUTH ASIA	EXPAND SCHOOL AT SIVAKASI	90,000	CHECK			
(301)		SOUTH ASIA	LIONS QUEST - BANGLADESH EVALUATION	85,583	CHECK			
(302)		SOUTH ASIA	UNHRD - DUBAI	81,000	WIRE			
(303)		SOUTH ASIA	ESTABLISH BLOOD BANK AT CHENNAI	62,761	CHECK			
(304)		SOUTH ASIA	EXPAND SCHOOL AT VIKRAMGAD	56,764	WIRE			
(305)		SOUTH ASIA	DIABETES SCREENING, AWARENESS, AND EDUCATION IN WESTERN AND	56,587	CHECK			
(306)		SOUTH ASIA	J & J SIGHT FOR KIDS - HYDERABAD 2017	51,503	CHECK			
(307)		SOUTH ASIA	J & J SIGHT FOR KIDS - KERALA 2017	50,420	CHECK			
(308)		SOUTH ASIA	MD 306 FLOOD RELIEF	50,000	CHECK			
(309)		SOUTH ASIA	BHUTAN NATIONAL REPRESENTATIVE FOLLOW-UP MRAAB SURVEY	49,844	WIRE			
(310)		SOUTH ASIA	UPGRADE MEDICAL CENTER	46,958	CHECK			
(311)		SOUTH ASIA	EQUIP HOSPITAL AT GODHRA	45,000	CHECK			
(312)		SOUTH ASIA	J & J SIGHT FOR KIDS - KOLKATA 2017	43,649	CHECK			
(313)		SOUTH ASIA	EXPAND DIALYSIS CENTER AT ANCHAL	31,130	CHECK			
(314)		SOUTH ASIA	EQUIP SCHOOL FOR VISUALLY IMPAIRED AT JALESWAR	28,743	CHECK			
(315)		SOUTH ASIA	SUPPLEMENTAL: UPGRADE DMM LIONS EYE HOSPITAL IN RATNAGIRI	27,830	WIRE			
(316)		SOUTH ASIA	J & J SIGHT FOR KIDS - NEPAL 325A1 2017	22,450	CHECK			
(317)		SOUTH ASIA	J & J SIGHT FOR KIDS - NEPAL 325B1 2017	20,377	CHECK			
(318)		SOUTH ASIA	J & J SIGHT FOR KIDS - NEPAL 325B2 2017	19,201	CHECK			
(319)		SOUTH ASIA	UPGRADE SCHOOL IN DEORIA DISTRICT	16,420	CHECK			
(320)		SOUTH ASIA	EQUIP ARAVIND EYE HOSPITAL COIMBATORE WITH TRANSPORT VEHICLE	15,700	WIRE			
(321)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(322)		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)
(323)		SOUTH ASIA	CYCLONE RELIEF	10,000	CHECK			
(324)		SOUTH ASIA	AMBULANCE FOR SAHEE	10,000	CHECK			
(325)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(326)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(327)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(328)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(329)		SOUTH ASIA	EQUIP VIDHYA JYOTI BASIC SCHOOL	10,000	CHECK			
(330)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL, AMRITSAR	7,500	CHECK			
(331)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION IN AMHARA REGIONAL STATE, ETHIOPIA	2,550,000	WIRE			
(332)		SUB-SAHARAN AFRICA	RIVER BLINDNESS ELIMINATION, ETHIOPIA	1,200,000	WIRE			
(333)		SUB-SAHARAN AFRICA	IOTA EYE HEALTH PERSONNEL TRAINING PROGRAM	744,660	WIRE			
(334)		SUB-SAHARAN AFRICA	COMPREHENSIVE COMMUNITY EYE CARE DEVELOPMENT	604,459	WIRE			
(335)		SUB-SAHARAN AFRICA	COMPREHENSIVE EYE CARE, LIBERIA	400,705	WIRE			
(336)		SUB-SAHARAN AFRICA	CLEAN WATER PROJECT WITH HSBC MAURITIUS	400,000	WIRE			
(337)		SUB-SAHARAN AFRICA	DIABETIC RETINOPATHY SCREENING AND TREATMENT IN SOUTHWESTERN	320,633	WIRE			
(338)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION, NIGER	150,000	WIRE			
(339)		SUB-SAHARAN AFRICA	AFRICA AND MIDDLE EAST DIABETIC RETINOPATHY PROJECT	100,000	WIRE			
(340)		SUB-SAHARAN AFRICA	RENOVATE & EQUIP CENTER FOR STREET CHILDREN	100,000	WIRE			
(341)		SUB-SAHARAN AFRICA	CLEAN WATER & SANITATION PROJECT	100,000	WIRE			
(342)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION, MALI	100,000	WIRE			
(343)		SUB-SAHARAN AFRICA	NIGERIA MEASLES CAMPAIGN 2018	89,000	WIRE			
(344)		SUB-SAHARAN AFRICA	TRACHOMA ADVOCACY, UGANDA	71,696	WIRE			
(345)		SUB-SAHARAN AFRICA	CONSTRUCT PRIMARY SCHOOL IN TOGO	55,610	WIRE			
(346)		SUB-SAHARAN AFRICA	J & J SIGHT FOR KIDS - KENYA 2017	55,000	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)
(347)		SUB-SAHARAN AFRICA	TRACHOMA AND ONCHOCERCIASIS ADVOCACY, ETHIOPIA	39,080	CHECK			
(348)		SUB-SAHARAN AFRICA	TRACHOMA AND ONCHOCERCIASIS ADVOCACY, ETHIOPIA	37,800	CHECK			
(349)		SUB-SAHARAN AFRICA	ALTERNATIVE METHOD OF REFRACTIVE ERROR ASSESSMENT IN A POOR	20,656	WIRE			
(350)		SUB-SAHARAN AFRICA	KENYA FAMINE RELIEF	20,000	WIRE			
(351)		SUB-SAHARAN AFRICA	IMPLEMENT LIONS QUEST	19,490	WIRE			
(352)		SUB-SAHARAN AFRICA	J & J SIGHT FOR KIDS - KENYA SUPPLEMENTAL	14,500	WIRE			
(353)		SUB-SAHARAN AFRICA	SPECIAL OLYMPICS PROGRAM IN KENYA	10,000	WIRE			
(354)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(355)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(356)		SUB-SAHARAN AFRICA	TORNADO RELIEF	10,000	CHECK			
(357)		SUB-SAHARAN AFRICA	MUDSLIDE RELIEF	10,000	WIRE			
(358)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(359)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(360)		SUB-SAHARAN AFRICA	STOMA CARE TRAINING PROGRAM	10,000	WIRE			
(361)		SUB-SAHARAN AFRICA	FLOOD RELIEF	9,000	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 TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 COMMUNITY COUNSELLING SERVICES CO., LLC, 155 N. WACKER DRIVE, SUITE 1790, CHICAGO, IL 60606	CONSULTING FOR CAMPAIGN 100		✓	0	558,750	(558,750)
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	558,750	(558,750)

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

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

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

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		COMMUNITY COUNSELLING SERVICES CO., LLC	<p>PER THE CONTRACT WITH COMMUNITY COUNSELLING SERVICES (CCS). THE PROFESSIONAL FEES DO NOT INCLUDE PROJECT EXPENSES THAT LCIF SHALL PAY SEPARATELY AT COST. PROJECT EXPENSES INCURRED BY CCS STAFF INCLUDE BUT ARE NOT LIMITED TO REASONABLE PROJECT RELATED TRAVEL, TRANSPORTATION, MILEAGE, LODGING, OFFICE PRINTING, COURIER AND OTHER RELATED ANCILLARY COSTS. PROJECT COSTS BILLED TO LCIF DURING THE FISCAL YEAR ENDING 6/30/18 TOTALED \$9,935 AND WERE BILLED AS SEPARATE LINE ITEMS ON THE PROFESSIONAL FEE INVOICES OR ON SEPARATE INVOICES.</p> <p>COLUMN VI OF SCHEDULE G, PART I, LINE 2B REPRESENTS TOTAL PROFESSIONAL SERVICE FEES PAID TO CCS FOR FUNDRAISING CONSULTING FEES FOR THE FISCAL YEAR ENDED JUNE 30, 2018 FOR A FEASIBILITY STUDY AND CONSULTING TO LAUNCH LCIF'S CAMPAIGN 100.</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-7030455

LIONS CLUBS INTERNATIONAL FOUNDATION

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 STREET, NW, WASHINGTON, DC 20036	52-0889518	501 (C) 3	1,426,550				(SEE STATEMENT)
(2) (SEE STATEMENT)	60-0612118	501 (C) 4	280,436				(SEE STATEMENT)
(3) MULTIPLE DISTRICT 2 612 S TEXAS BLVD, WESLACO, TX 78596-6222	23-7118941	501 (C) 4	280,000				(SEE STATEMENT)
(4) LCIF GLOBAL CAUSES PARTNERSHIP 300 W 22ND STREET, OAK BROOK, IL 60523	N/A		250,000				(SEE STATEMENT)
(5) PARTNERS IN HEALTH 800 BOYLSTON ST., SUITE 300, BOSTON, MA 02199	04-3567502	501 (C) 3	244,068				(SEE STATEMENT)
(6) DISTRICT 1 J 219 E COLE ST, WHEATON, IL 60187-3107	23-7333017	501 (C) 4	210,000				(SEE STATEMENT)
(7) DISTRICT 35 N 14833 N SPUR DRIVE, MIAMI, FL 33161-2040	46-1671664	501 (C) 3	190,000				(SEE STATEMENT)
(8) DISTRICT 4 C6 4411 YARDARM COURT, SOQUEL, CA 95073	77-0324761	501 (C) 4	100,000				(SEE STATEMENT)
(9) DISTRICT 4 A3 637 ALISO STREET, VENTURA, CA 93001	95-6133523	501 (C) 4	100,000				(SEE STATEMENT)
(10) DISTRICT 30 M PO BOX 195, BATESVILLE, MS 38606-0195	64-6027945	501 (C) 4	100,000				(SEE STATEMENT)
(11) DISTRICT 20 Y2 P.O. BOX 91, GALWAY, NY 12074	36-4818275	501 (C) 4	100,000				EQUIP CABVI VISION CENTER
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8
- 3** Enter total number of other organizations listed in the line 1 table ▶ 80

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

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 36 R P O BOX 5145, SALEM, OR 97304-0145	23-7333810	501 (C) 4	100,000				CONSTRUCT PATIENT GUEST HOUSE
(13) MULTIPLE DISTRICT 51 URB JARDINES DE BAYAMONTE, BAYAMON, PR 00956	60-0612118	501 (C) 4	100,000				PUERTO RICO - HURRICANE MARIA RELIEF 2017
(14) MULTIPLE DISTRICT 5M 12069 BLUEGILL DR, SAUK CENTRE, MN 56378-9803	41-1278740	501 (C) 4	100,000				EQUIP LIONS EYE SURGERY CENTER
(15) MULTIPLE DISTRICT 31 2252 BAKER MILL ROAD, CLEVELAND, NC 27013	56-0652336	501 (C) 4	100,000				RENOVATE CAMP DOGWOOD
(16) MULTIPLE DISTRICT 2 612 S TEXAS BLVD, WESLACO, TX 78596- 6222	23-7118941	501 (C) 4	100,000				HURRICANE HARVEY RELIEF 2017
(17) MULTIPLE DISTRICT 27 648 MCKINLEY AVE, HARTFORD, WI 53027- 1749	39-1626233	501 (C) 4	100,000				EQUIP CANCER UNIT AT CHILDREN'S HOSPITAL OF WISCONSIN
(18) DISTRICT 26 M4 RONALD CAMPBELL, ST. JOSEPH, MO 64502	90-0902852	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(19) DISTRICT 26 M3 11264 HIGHWAY Y, BOWLING GREEN, MO 63334	26-2780017	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(20) DISTRICT 28 U 210 N. PARK AVE., HYRUM, UT 84319	87-0411976	501 (C) 4	99,600				EQUIP MOBILE VISION SCREENING PROGRAM
(21) MULTIPLE DISTRICT 2 612 S TEXAS BLVD, WESLACO, TX 78596- 6222	23-7118941	501 (C) 4	84,000				TEXAS MCAT - LIONS PIER REBUILDING PROJECT
(22) MULTIPLE DISTRICT 2 612 S TEXAS BLVD, WESLACO, TX 78596- 6222	23-7118941	501 (C) 4	81,277				BUCKNER VILLAGE FOSTER HOMES REPAIR PROJECT
(23) MULTIPLE DISTRICT 33 15 OAKDALE STREET, ATTLEBORO, MA 02703-5108	83-0504460	501 (C) 4	80,637				EQUIP MASSACHUSETTS EYE AND EAR HOSPITAL
(24) MULTIPLE DISTRICT 51 URB JARDINES DE BAYAMONTE, BAYAMON, PR 00956	60-0612118	501 (C) 4	75,000				HURRICANE MARIA RELIEF 2018
(25) DISTRICT 2 E2 1602 ROYAL LANE, COLLEYVILLE, TX 76034	23-7389237	501 (C) 4	75,000				EXPAND LIONS QUEST
(26) DISTRICT 5M 4 5295 111TH AVE NE, SPICER, MN 56288	41-1280401	501 (C) 4	65,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(27) DISTRICT 25 B 5027 N STATE ROAD 1, OSSIAN, IN 46777	23-7313213	501 (C) 4	60,000				EQUIP RECREATIONAL PROGRAM FOR THE DISABLED
(28) MULTIPLE DISTRICT 2 612 S TEXAS BLVD, WESLACO, TX 78596- 6222	23-7118941	501 (C) 4	60,000				HURRICANE HARVEY RELIEF AND ASSISTANCE

(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
(29) MULTIPLE DISTRICT 3 12440 NS 3570, SEMINOLE, OK 74868	23-7050631	501 (C) 4	50,000				EQUIP OKLAHOMA LIONS MOBILE HEALTH SCREENING UNIT
(30) MULTIPLE DISTRICT 35 4998 COUNTY ROAD 209 SOUTH, GREEN COVE SPRINGS, FL 32043	59-1148519	501 (C) 4	47,000				RENOVATE LIONS CONKLIN CENTER FOR THE BLIND
(31) MULTIPLE DISTRICT 11 19230 SHARON VALLEY RD, MANCHESTER, MI 48158	23-7047794	501 (C) 4	47,000				EQUIP LIONS OF MICHIGAN MOBILE VISION SCREENING PROGRAM
(32) MULTIPLE DISTRICT 13 199 STAHL AVE, CORTLAND, OH 44410-1135	31-6064520	501 (C) 4	46,500				EQUIP MOBILE VISION SCREENING PROGRAM
(33) MULTIPLE DISTRICT 3 4833 DELVIEW DR, DEL CITY, OK 73115	23-7050631	501 (C) 4	45,000				EXPAND LIONS QUEST
(34) DISTRICT 16 L P.O. BOX 252, NEPTUNE, NJ 07754	47-1340906	501 (C) 4	35,000				PURCHASE VISION SCREENING EQUIPMENT
(35) MULTIPLE DISTRICT 2 612 S TEXAS BLVD, WESLACO, TX 78596-6222	23-7118941	501 (C) 4	35,000				TEXAS LIONS SCHOOL NURSE STATIONS PROJECT
(36) LOUISIANA LIONS EYE FOUNDATION 2020 GRAVIER ST, #B, NEW ORLEANS, LA 70112	23-7384897	501 (C) 3	33,130				BALDRIGE ENDOWMENT FOR SIGHT
(37) DISTRICT 32 A 62 ROSELITE CIR, GREER, SC 29650-5336	57-0898989	501 (C) 4	28,914				EQUIP SOUTH CAROLINA LIONS SIGHT AND HEARING PROGRAM
(38) DISTRICT 30 M PO BOX 195, BATESVILLE, MS 38606-0195	64-6027945	501 (C) 4	28,260				PURCHASE VISION SCREENING EQUIPMENT
(39) DISTRICT 8 L 5810 HWY 6, NATCHITOCHE, LA 71457	72-0928468	501 (C) 4	27,325				EQUIP NATURE TRAIL FOR THE DISABLED
(40) DISTRICT 33 K 819 COUNTY STREET, TAUNTON, MA 02780-6917	23-7328862	501 (C) 4	24,728				EQUIP SENSORY GARDEN FOR THE DISABLED
(41) DISTRICT 24 E 804 FORT BRANCH RD, PEARISBURG, VA 24134-2030	54-1113433	501 (C) 4	24,408				EXPAND LIONS QUEST
(42) DISTRICT 1 D P O BOX 116, KIRKLAND, IL 60146-0116	36-6111501	501 (C) 4	24,183				EQUIP EVERSIGHT OF ILLINOIS
(43) DISTRICT 4 C3 47 JEAN DRIVE, CONCORD, CA 94518	23-7234531	501 (C) 4	22,726				PURCHASE VISION SCREENING EQUIPMENT
(44) DISTRICT 4 L5 5481 GRAND PRIX CT, FONTANA, CA 92336	95-6133182	501 (C) 4	22,611				EQUIP MOBILE HEALTH SCREENING EQUIPMENT
(45) MULTIPLE DISTRICT 18 P.O. BOX 115, SOCIAL CIRCLE, GA 30025	58-0954760	501 (C) 4	21,720				UPGRADE THERAPY POOL AT LIONS CAMP FOR THE DISABLED
(46) DISTRICT 35-I 825 E CHURCH ST, BARTOW, FL 33830	65-0718435	501 (C) 4	20,000				HURRICANE IRMA RELIEF
(47) DISTRICT 35-O 169 MONTECITO BLVD, SATELLITE BEACH, FL 32937	23-7332945	501 (C) 4	20,000				HURRICANE IRMA RELIEF
(48) DISTRICT 9 NE 1941 WEST 6TH ST, WATERLOO, IA 50702	23-7309647	501 (C) 4	20,000				COMMUNITY RECOVERY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(49) DISTRICT 24 E 370 WINDSOR DR, CHRISTIANBURG, VA 24073	54-1113433	501 (C) 4	20,000				PURCHASE LIONS TRANSPORT VAN
(50) DISTRICT 35-N 1833 NW 168TH AVE, PEMBROKE PINES, FL 33028	46-1671664	501 (C) 3	20,000				HURRICANE IRMA RELIEF
(51) DISTRICT 14 F 11821 ARLISS COURT, JACKSONVILLE, FL 32221	23-7326285	501 (C) 4	18,546				MEADVILLE PROJECTS FOR BLIND
(52) SPECIAL OLYMPICS 1133 19TH STREET, NW, WASHINGTON, DC 20036	52-0889518	501 (C) 3	15,000				SPECIAL OLYMPICS - KENYAN DELEGATION UNIFIED CUP
(53) DISTRICT 23 A 15 RAINBOW RD, BETHANY, CT 06524-3145	06-1419705	501 (C) 4	15,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(54) DISTRICT 2 T3 5724 BONNEVILLE LANE, EL PASO, TX 79912-4102	45-5476984	501 (C) 4	14,907				PURCHASE VISION SCREENING EQUIPMENT
(55) DISTRICT 5M 4 12069 BLUEGILL DR, SAUK CENTRE, MN 56378-9803	41-1280401	501 (C) 4	14,000				EQUIP RECREATIONAL PROGRAM FOR THE DISABLED
(56) DISTRICT 20 N 6532 WILLS HOLLOW, LOCKPORT, NY 14094	23-7248810	501 (C) 4	13,900				PURCHASE VISION SCREENING EQUIPMENT
(57) DISTRICT 5M 9 38292 DEER ST, AITKIN, MN 56431	36-3362490	501 (C) 4	12,500				EQUIP BATTLE LAKE CHILD CARE CENTER
(58) MULTIPLE DISTRICT 11 19230 SHARON VALLEY RD, MANCHESTER, MI 48158	23-7047794	501 (C) 4	12,132				LEADER DOG FOR THE BLIND
(59) DISTRICT 1 BK 1228 MASSACHUSETTS, JOLIET, IL 60435-3715	47-1879591	501 (C) 4	11,517				PURCHASE VISION SCREENING EQUIPMENT
(60) DISTRICT 17 N 10609 E FAWN GROVE ST, WICHITA, KS 67207	47-1899585	501 (C) 4	10,000				TORNADO RELIEF
(61) DISTRICT 10 13937 ROSEMARY LANE, NEWBERRY, MI 49868	38-3614110	501 (C) 4	10,000				FLOOD RELIEF
(62) DISTRICT 13 OH1 2620 KINSALE COURT, TOLEDO, OH 43615-2579	36-4839441	501 (C) 4	10,000				EQUIP RESPITE CARE CENTER
(63) DISTRICT 14 D 1044 HIGH STREET, LANCASTER, PA 17603	23-6391829	501 (C) 4	10,000				DISASTER PREPAREDNESS
(64) DISTRICT 35 N 1833 NW 168TH AVE, PEMBROKE PINES, FL 33028	46-1671664	501 (C) 3	10,000				DISASTER PREPAREDNESS
(65) DISTRICT 4 C2 417 BLACKSTONE DR, SAN RAFAEL, CA 94903	23-7151956	501 (C) 4	10,000				WILDFIRE RELIEF
(66) DISTRICT 23 A 15 RAINBOW RD, BETHANY, CT 06524-3145	06-1419705	501 (C) 4	10,000				TORNADO RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(67) DISTRICT 35 L 8350 SW 93RD LANE UNIT D, OCALA, FL 34481-9483	23-7330297	501 (C) 4	10,000				DISASTER PREPAREDNESS
(68) DISTRICT 50 358 W PUAINAKO STREET, HILO, HI 96720-2745	99-0154835	501 (C) 4	10,000				VOLCANO RELIEF
(69) DISTRICT 25 F P O BOX 711, MILAN, IN 47031	31-0949224	501 (C) 4	10,000				FLOOD RELIEF
(70) DISTRICT 17 A 127 HAMPTON COURT, LANSING, KS 66043	48-0942086	501 (C) 4	10,000				DISASTER PREPAREDNESS
(71) DISTRICT 8 S 1609 TAYLOR ST., KENNER, LA 70062	20-5245690	501 (C) 4	10,000				DISASTER PREPAREDNESS
(72) DISTRICT 22 A 7713 TRAPPE ROAD, DUNDALK, MD 21222-2256	23-7330296	501 (C) 4	10,000				FLOOD RELIEF
(73) DISTRICT 37 703 CONWAY ST., BILLINGS, MT 59105-3301	38-3951273	501 (C) 4	10,000				FLOOD RELIEF
(74) DISTRICT 31 O 711 RED OAK DR, SILER CITY, NC 27344	47-4477974	501 (C) 4	10,000				TORNADO RELIEF
(75) DISTRICT 14 M 902 S PITTSBURGH ST, CONNELLSVILLE, PA 15425-4414	23-7179780	501 (C) 4	10,000				TORNADO RELIEF
(76) DISTRICT 12 I 790 WISTERIA LANE, WAVERLY, TN 37185	58-1452525	501 (C) 4	10,000				TORNADO RELIEF
(77) DISTRICT 45 864 S WINDSOR ST, S ROYALTON, VT 05068-9621	23-7047725	501 (C) 4	10,000				FLOOD RELIEF
(78) DISTRICT 27 A1 PO BOX 464, SHARON, WI 53585-0464	39-1447361	501 (C) 4	10,000				FLOODING RELIEF
(79) DISTRICT 26 M1 HC1 BOX 9B, PATTON, MO 63662	43-6051716	501 (C) 4	10,000				TORNADO RELIEF
(80) DISTRICT 26 M6 336 STATE HIGHWAY MM, NIANGUA, MO 65713	26-3305095	501 (C) 4	9,000				DISASTER PREPAREDNESS
(81) DISTRICT 35-L 7543 ROLLING HILLS DR, JACKSONVILLE, FL 32221	23-7330297	501 (C) 4	8,614				HURRICANE IRMA RELIEF
(82) DISTRICT 4 C1 P.O. BOX 186, TRINITY CENTER, CA 96091	23-7327243	501 (C) 4	8,316				WILDFIRE RELIEF
(83) DISTRICT 26 M5 2300 BLUE RIDGE TERRACE, INDEPENDENCE, MO 64052	27-1314487	501 (C) 4	8,190				DISASTER PREPAREDNESS
(84) DISTRICT 1 D P O BOX 116, KIRKLAND, IL 60146-0116	36-6111501	501 (C) 4	7,347				FLOOD RELIEF
(85) DISTRICT 1 F 1620 WHEELER ST, WOODSTOCK, IL 60098-2492	36-4451582	501 (C) 4	6,710				FLOOD RELIEF
(86) DISTRICT 34 B 149 SOLAR SHIELD BLVD, ODENVILLE, AL 35120	63-0892764	501 (C) 4	5,484				TORNADO RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(87) DISTRICT 38 O 1007 N SYCAMORE STREET, WAHOO, NE 68066	46-0637028	501 (C) 4	5,445				DISASTER PREPAREDNESS
(88) DISTRICT 4 A3 637 ALISO STREET, VENTURA, CA 93001	95-6133523	501 (C) 4	5,160				WILDFIRE 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	MULTIPLE DISTRICT 51 URB JARDINES DE BAYAMONTE, BAYAMON, PR 00956
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SPECIAL OLYMPICS: LCI -SPECIAL OLYMPICS - "MISSION INCLUSION" 2018
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MULTIPLE DISTRICT 51: HURRICANE MARIA - LIONS CAMP REPAIR PROJECT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MULTIPLE DISTRICT 2: TEXAS MCAT - HOME REPAIR PROJECT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LCIF GLOBAL CAUSES PARTNERSHIP: LCIF GLOBAL CAUSE PARTNERSHIPS IS A BLOCK GRANT TO SUPPORT CO-FUNDING OF GLOBAL CAUSE OPPORTUNITIES WITH DIABETES-SPECIFIC PARTNERS. THE GRANTEE(S) HAS NOT YET BEEN DETERMINED
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PARTNERS IN HEALTH: PARTNERS IN HEALTH EBOLA PROJECT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 1 J: LOW VISION INFRASTRUCTURE DEVELOPMENT SPECTRIOS - ILLINOIS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 35 N: UNCORRECTED REFRACTIVE ERROR, MIAMI LIGHTHOUSE FLORIDA
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 4 C6: EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 4 A3: EQUIP VENTURA COUNTY DIABETES CLINIC
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 30 M: EQUIP NATURE TRAIL FOR THE DISABLED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

LIONS CLUBS INTERNATIONAL FOUNDATION

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> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>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>	✓	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p>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> <p>b Any related organization?</p> <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> <p>b Any related organization?</p> <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>		✓
<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>		✓
<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>		

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	(i)	201,510	0	522	43,248	28,825	274,105	0
	LCIF EXECUTIVE ADMINISTRATOR	(ii)	0	0	0	0	0	0	0
2	NATHAN MILES	(i)	124,115	0	13,757	7,726	7,009	152,607	0
	CHIEF DEVELOPMENT MANAGER	(ii)	0	0	0	0	0	0	0
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	<p>1. FIRST CLASS AIRFARE IS AUTHORIZED FOR EXECUTIVE OFFICERS, DUE TO THEIR EXTENSIVE TRAVEL REQUIREMENTS, AND IS NOT TAXABLE TO THEM. IT MAY ALSO BE AUTHORIZED FOR THE CHAIRMAN AND VICE CHAIRPERSON OF THE LCIF FUNDRAISING CAMPAIGNS, DUE TO THEIR EXTENSIVE TRAVEL REQUIREMENTS AND IS NOT TAXABLE TO THEM.</p> <p>2. FIRST CLASS AIRFARE IS AUTHORIZED FOR PAST INTERNATIONAL PRESIDENTS AND THEIR COMPANIONS FOR ROUNDTRIP TRAVEL EXCEEDING 10 HOURS AND IS TAXABLE TO THEM.</p>
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	<p>TRAVEL EXPENSES FOR A COMPANION ACCOMPANYING THE TWO PRESIDENTIAL APPOINTEES TO THE LCIF BOARD OF TRUSTEES, WHEN ATTENDING THE LCIF EXECUTIVE COMMITTEE MEETINGS THAT IMMEDIATELY PRECEDE THE LCI BOARD OF DIRECTORS MEETINGS, WILL BE REIMBURSED ACCORDING TO LIONS CLUBS INTERNATIONAL FOUNDATION'S GENERAL REIMBURSEMENT RULES IF THE COMPANION IS PRESENT AT SCHEDULED LIONS CLUBS INTERNATIONAL FUNCTIONS AND EVENTS, AND WILL NOT BE TAXABLE TO THEM. REIMBURSEMENT WILL NOT BE PROVIDED IF THE COMPANION DOES NOT ATTEND SCHEDULED FUNCTIONS AND EVENTS.</p> <p>TRAVEL EXPENSES FOR A COMPANION ACCOMPANYING THE LCIF EXECUTIVE ADMINISTRATOR WILL BE REIMBURSED ACCORDING TO LIONS CLUBS INTERNATIONAL FOUNDATION'S GENERAL REIMBURSEMENT RULES AND IS TAXABLE TO THEM.</p> <p>IN ADDITION, THE LCIF CHAIRPERSON MAY AUTHORIZE TRAVEL ON BEHALF OF LCIF, INCLUDING COMPANION TRAVEL, PROVIDED SUCH TRAVEL IS IN ACCORDANCE WITH THE GENERAL REIMBURSEMENT POLICY AND THE EXPENSE IS COVERED WITHIN THE LCIF BUDGET.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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 the latest information.**

Name of the organization LIONS CLUBS INTERNATIONAL FOUNDATION	Employer identification number 23-7030455
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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	✓	9	499,924	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 IV, Donee Acknowledgement	29	0
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		Yes	No
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?	30a		✓
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?	31	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
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.			

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

2017

Open to Public Inspection

Name of the Organization
LIONS CLUBS INTERNATIONAL FOUNDATIONEmployer Identification Number
23-7030455

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	HEALTH WORKERS AND OTHER RELATED PERSONNEL 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 III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$4,495,891 INCLUDING GRANTS OF \$2,260,285)(REVENUE \$331,141) LIONS QUEST - GRANTS ARE ALSO AWARDED TO EXPAND A SOCIAL EMOTIONAL LEARNING (SEL) PROGRAM, LIONS QUEST, WHICH FOCUSES ON DELIVERING LIFE SKILLS TRAINING IN EDUCATIONAL SETTINGS FOR GRADES PRE-K THROUGH HIGH SCHOOL. MORE THAN 15 MILLION STUDENTS AND 700,000 EDUCATORS IN MORE THAN 105 COUNTRIES HAVE BEEN POSITIVELY IMPACTED THROUGH THIS PROGRAM.
FORM 990, PART V, LINE 2 - NUMBER OF EMPLOYEES REPORTED ON W-3	THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS (EIN: 36-1263962), A RELATED 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 61 EMPLOYEES, THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS, THE COMMON PAYING AGENT, REPORTED 353 EMPLOYEES ON FORM W-3 FOR 2017.
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.

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>BY BOARD POLICY, EACH MEMBER OF THE BOARD OF TRUSTEES, INCLUDING APPOINTEES, KEY MANAGEMENT PERSONNEL, AND ALL EMPLOYEES ARE REQUIRED TO SUBMIT AN ANNUAL STATEMENT ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY AND THEIR INDIVIDUAL COMPLIANCE. THE ANNUAL STATEMENT IS SUBMITTED TO THE LIONS CLUBS INTERNATIONAL FINANCE AND HEADQUARTERS OPERATION COMMITTEE FOR REVIEW.</p> <p>PROCEDURES:</p> <ol style="list-style-type: none"> 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. 					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S SALARY ADMINISTRATION (NOTE: SALARY REVIEW IS ADMINISTERED BY LIONS CLUBS INTERNATIONAL ON BEHALF OF LIONS CLUBS INTERNATIONAL FOUNDATION.)</p> <ol style="list-style-type: none"> 1. SALARY SURVEYS ARE CONDUCTED PERIODICALLY 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 EXECUTIVE COMMITTEE. SALARY INCREASE AND/OR BONUS FOR THE EXECUTIVE ADMINISTRATOR SHALL BE DETERMINED INDIVIDUALLY BY THE EXECUTIVE COMMITTEE. 3. THE SALARY REVIEW PROCESS IS CONTEMPORANEOUSLY DOCUMENTED 					
FORM 990, PART VI, LINE 15B - PROCESS FOR ESTABLISHING COMPENSATION	THE FOUNDATION DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES; THEREFORE, THIS QUESTION HAS BEEN INTENTIONALLY CHECKED "NO."					
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WI, WV					
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S FORM 990 IS AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG.</p> <p>NEITHER THE FOUNDATION NOR THE INTERNAL REVENUE SERVICE HAS A COPY OF THE FORM 1023 APPLICATION. THE FOUNDATION'S FORM 990-T IS AVAILABLE UPON REQUEST.</p>					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG.</p> <p>THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.</p>					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS</td> <td style="text-align: right;">1,268,683</td> </tr> </tbody> </table>		(a) Description	(b) Amount	RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	1,268,683
	(a) Description	(b) Amount				
RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	1,268,683					

**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

2017

**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) -----							

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	M	2,822,098	COST
(1) THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	P	4,928,631	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part II

Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS (36-1263962) 300 W. 22ND STREET, OAK BROOK, IL 60523	SERVICE ORGANIZATION	IL	501(C)(4)		N/A		✓
(2) 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					