

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

**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.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

**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 \$ 172,784,558

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

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

**J** Website: ▶ WWW.LCIF.ORG

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

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

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT THE EFFORTS OF LIONS CLUBS WORLDWIDE IN SERVING THEIR LOCAL COMMUNITIES AND THE WORLD COMMUNITY AS THEY CARRY OUT ESSENTIAL HUMANITARIAN SERVICE PROJECTS.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>22</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>22</u>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<u>56</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>17,648</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>35,948</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>39,484,613</u>	<u>39,060,376</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>10,268,053</u>	<u>15,686,485</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>23,981</u>	<u>514,204</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>49,776,647</u>	<u>55,261,065</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>44,886,325</u>	<u>42,090,011</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,407,859</u>	<u>4,949,980</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,169,223</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>10,694,834</u>	<u>11,419,547</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>59,989,018</u>	<u>58,459,538</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(10,212,371)</u>	<u>(3,198,473)</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>304,587,293</u>	<u>313,789,739</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>35,020,360</u>	<u>34,237,850</u>
		<u>269,566,933</u>	<u>279,551,889</u>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

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

**Paid Preparer Use Only**

Print/Type preparer's name: NICOLE BENCIK Preparer's signature: [Signature] Date: 1/24/2018 Check  if self-employed PTIN: P00756195  
 Firm's name: CROWE HORWATH 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

# 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](http://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](http://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.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. <b>LIONS CLUBS INTERNATIONAL FOUNDATION</b>	Employer identification number (EIN) or <b>23-7030455</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>300 WEST 22ND STREET</b>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAK BROOK, IL 60523-8842</b>		

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

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

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

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

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

**1** I request an automatic 6-month extension of time until 05/15, 20 18, 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 16, and ending 06/30, 20 17.

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

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

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  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 \$ 22,905,612 including grants of \$ 21,334,572 ) (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 376,000 ATHLETES IN 92 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 \$ 15,584,643 including grants of \$ 13,143,227 ) (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\$336.23 MILLION IN 1,266 PROJECTS IN 116 COUNTRIES, RESULTING IN:

- \* OVER 9.1 MILLION CATARACT SURGERIES
- \* BUILDING OR EXPANDING OVER 1,520 EYE HOSPITALS/CLINICS/WARDS AND RELATED FACILITIES
- \* MANAGEMENT TRAINING FOR 276 FACILITIES

(CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 5,870,563 including grants of \$ 5,870,563 ) (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 4,355 EMERGENCY GRANTS HAVE BEEN AWARDED WORLDWIDE.

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

(Expenses \$ 3,836,134 including grants of \$ 1,741,649 ) (Revenue \$ 410,842 )

4e Total program service expenses 48,196,952

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 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>		✓
<b>27</b> 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>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> 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>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	✓	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.



**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► AL, AR, AZ, CA, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (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) DR. JITSUHIRO YAMADA LCIF CHAIRPERSON	20.0 20.0	✓		✓				0	0	0
(2) CLEMENT F KUSIAK VICE CHAIRPERSON	2.0 0.0	✓		✓				0	0	0
(3) SHINJI KAYAMORI SECRETARY	2.0 0.0	✓		✓				0	0	0
(4) CHING-LI LEE TREASURER	2.0 0.0	✓		✓				0	0	0
(5) ROBERT CORLEW LCI INTERNATIONAL PRESIDENT	5.0 35.0	✓						0	12,000	0
(6) DR. NARESH AGGARWAL FIRST VICE PRESIDENT	5.0 35.0	✓						0	0	0
(7) GUDRUN B YNGVADOTTIR SECOND VICE PRESIDENT	5.0 35.0	✓						0	0	0
(8) JUNG-YUL CHOI THIRD VICE-PRESIDENT	5.0 35.0	✓						0	0	0
(9) GARNET E DAVIS TRUSTEE	2.0 0.0	✓						0	0	0
(10) FÁBIO DE ALMEIDA TRUSTEE	2.0 0.0	✓						0	0	0
(11) PHILIPPE GERONDAL TRUSTEE	2.0 0.0	✓						0	0	0
(12) SHYAM MALPANI TRUSTEE	2.0 0.0	✓						0	0	0
(13) NIGEL JENY TRUSTEE	2.0 0.0	✓						0	0	0
(14) DR. S.P. AMIN 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) ROBERT S LITTLEFIELD TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) N.S. SANKAR TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHIKAO SUZUKI TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DR. JOONG-HO SON TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) JOE PRESTON TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	14,402	0
(20) BARRY J PALMER TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) WING-KUN TAM TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JOSEPH MARCHEGGIANI TRUSTEE	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) REBECCA DAOU LCIF EXECUTIVE ADMINISTRATOR	40.0 0.0			<input checked="" type="checkbox"/>				197,428	0	55,647
(24) NATHAN MILES CHIEF DEVELOPMENT MANAGER	40.0 0.0					<input checked="" type="checkbox"/>		137,349	0	16,296
(25)										
<b>1b Sub-total</b>								334,777	26,402	71,943
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								334,777	26,402	71,943

**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
<b>3</b> Did the organization list any <b>former</b> 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"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input 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	2,617,113
WORLD HEALTH ORGANIZATION, 20 AVENUE APPIA, 1211 GENEVA 27, SZ	TECHNICAL SUPPORT	600,000
THE NORTHERN TRUST COMPANY, 50 S. LASALLE STREET, CHICAGO, IL 60675	INVESTMENT CUSTODY FEES	285,869
COMMUNITY COUNSELLING SERVICES , 155 N. WACKER DRIVE - SUITE 1790, CHICAGO , IL 60606	CONSULTING SERVICES	120,000
BOSTON PARTNERS, 909 THIRD AVENUE, 32 FLOOR, NEW YORK, NY 10022	INVESTMENT MANAGER FEES	117,895

**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 **8**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	39,060,376				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,597				
	<b>h Total.</b> Add lines 1a-1f . . . . .		39,060,376				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> -----						
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .		0					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		4,103,311		35,948	4,067,363	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .	11,583,174	0				
	<b>d</b> Net gain or (loss) . . . . .			11,583,174		11,583,174	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	723,565				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	368,812					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			354,753	354,753			
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> CURRENCY EXCHANGE GAIN		900099	98,441			98,441	
<b>b</b> LIONS QUEST TRAINING WORKSHOPS, NET OF COST		900099	56,089	56,089			
<b>c</b> CASH DISCOUNTS ON PURCHASES		900099	4,921			4,921	
<b>d</b> All other revenue . . . . .			0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			159,451				
<b>12 Total revenue.</b> See instructions. . . . .			55,261,065	410,842	35,948	15,753,899	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	9,504,485	9,504,485		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	32,585,526	32,585,526		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	309,560	139,302	46,434	123,824
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,123,084	1,392,652	1,043,036	687,396
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	721,080	320,116	246,773	154,191
<b>9</b> Other employee benefits . . . . .	555,832	246,756	190,221	118,855
<b>10</b> Payroll taxes . . . . .	240,424	108,459	77,116	54,849
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	18,892	1,469	2,011	15,412
<b>c</b> Accounting . . . . .	59,840		59,840	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	904,134		904,134	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,695,823	2,525,287	1,470,006	700,530
<b>12</b> Advertising and promotion . . . . .	130,402	111,496		18,906
<b>13</b> Office expenses . . . . .	884,330	85,082	239,315	559,933
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	2,271,235	928,653	810,764	531,818
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	94,089	19,672		74,417
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	102,002	97,227	264	4,511
<b>23</b> Insurance . . . . .				
<b>24</b> 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.)				
<b>a</b> RECOGNITION . . . . .	2,153,532	27,287	1,630	2,124,615
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	105,268	103,483	1,819	(34)
<b>25</b> Total functional expenses. Add lines 1 through 24e	58,459,538	48,196,952	5,093,363	5,169,223
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	10,279,136	<b>2</b>	10,411,691
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	73,956	<b>4</b>	73,960
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	956,564	<b>9</b>	1,081,953
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,661,903		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,313,105	450,801	<b>10c</b> 348,798
	<b>11</b> Investments—publicly traded securities . . . . .	195,058,952	<b>11</b>	198,406,884
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	95,773,232	<b>12</b>	102,011,950
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,994,652	<b>15</b>	1,454,503
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	304,587,293	<b>16</b>	313,789,739	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	359,186	<b>17</b>	639,118
	<b>18</b> Grants payable . . . . .	34,485,144	<b>18</b>	33,433,602
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	176,030	<b>25</b>	165,130
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	35,020,360	<b>26</b>	34,237,850
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	195,708,695	<b>27</b>	216,800,176
	<b>28</b> Temporarily restricted net assets . . . . .	73,358,238	<b>28</b>	62,251,713
	<b>29</b> Permanently restricted net assets . . . . .	500,000	<b>29</b>	500,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	269,566,933	<b>33</b>	279,551,889
<b>34</b> Total liabilities and net assets/fund balances . . . . .	304,587,293	<b>34</b>	313,789,739	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,261,065
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	58,459,538
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(3,198,473)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	269,566,933
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,725,321
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,458,108
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	279,551,889

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,613,459	43,942,268	39,796,459	39,484,613	39,060,376	197,897,175
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	35,613,459	43,942,268	39,796,459	39,484,613	39,060,376	197,897,175
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						7,921,750
<b>6 Public support.</b> Subtract line 5 from line 4						189,975,425

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	35,613,459	43,942,268	39,796,459	39,484,613	39,060,376	197,897,175
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	10,379,565	8,284,484	6,044,616	5,680,240	4,103,311	34,492,216
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	4,301	3,976	4,897	5,015	4,921	23,110
<b>11 Total support.</b> Add lines 7 through 10						232,412,501
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,492,731
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	81.74 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	77.69 %
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	<b>1</b>	

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 . . . . .			
<b>d</b> From 2014 . . . . .			
<b>e</b> From 2015 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 . . .			
<b>c</b> Excess from 2014 . . .			
<b>d</b> Excess from 2015 . . .			
<b>e</b> Excess from 2016 . . .			



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	MISCELLANEOUS	4,301	3,976	4,897	5,015	4,921	23,110
	Total	4,301	3,976	4,897	5,015	4,921	23,110

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

LIONS CLUBS INTERNATIONAL FOUNDATION

**Employer identification number**

23-7030455

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> LIONS CLUBS INTERNATIONAL FOUNDATION	<b>Employer identification number</b> 23-7030455
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 804,055	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> LIONS CLUBS INTERNATIONAL FOUNDATION	<b>Employer identification number</b> 23-7030455
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**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

<b>Name of organization</b> LIONS CLUBS INTERNATIONAL FOUNDATION	<b>Employer identification number</b> 23-7030455
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I			(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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.

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

OMB No. 1545-0047

2016

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 include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, 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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.



**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	525,768	524,607	670,990	598,933	562,178
<b>b</b> Contributions				0	0
<b>c</b> Net investment earnings, gains, and losses	58,740	1,161	3,617	83,791	49,130
<b>d</b> Grants or scholarships			150,000	11,734	12,375
<b>e</b> Other expenditures for facilities and programs				0	0
<b>f</b> Administrative expenses				0	0
<b>g</b> End of year balance	584,508	525,768	524,607	670,990	598,933

**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 ▶ 85.50 %
- c** Temporarily restricted endowment ▶ 14.50 %

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
<b>(i)</b> unrelated organizations		✓
<b>(ii)</b> related organizations		✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
<b>3b</b>		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		4,661,903	4,313,105	348,798
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				348,798

**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	79,840,143	END OF YEAR MARKET VALUE
(B) HEDGE FUNDS	11,376,110	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	10,795,697	END OF YEAR MARKET VALUE
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>102,011,950</b>	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CHARITABLE GIFT ANNUITIES	165,130	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>165,130</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	RECOVERIES OF PRIOR YEAR GRANTS - NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	- 3,458,108

**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

**2016**

**Open to Public Inspection**

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	793,814
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTMAKING	10,740,770
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	GRANTMAKING	5,019,879
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	372,500
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	GRANTMAKING	926,546
(6) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GRANTMAKING	204,290
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES	GRANTMAKING	2,539,070
(8) SOUTH ASIA	1	6	PROGRAM SERVICES	GRANTMAKING	3,043,276
(9) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GRANTMAKING	8,945,381
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		3,467,153
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	<b>1</b>	<b>6</b>			<b>36,052,679</b>
<b>b</b> Total from continuation sheets to Part I . . . . .	<b>0</b>	<b>0</b>			<b>0</b>
<b>c Totals</b> (add lines 3a and 3b)	<b>1</b>	<b>6</b>			<b>36,052,679</b>

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

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	LOW VISION SERVICES EXPANSION, CUBA	474,350	ELECTRONIC			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	UNODC - CENTRAL AMERICA 2017	106,154	WIRE			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	EXPAND AND EQUIP LIONS EYE HOSPITAL	100,000	WIRE			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	VISION MISSION TO THE DOMINICAN REPUBLIC	30,000	CHECK			
(5)			CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF - PROJECT COORDINATION	12,000	WIRE			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	MONTFORT SCHOOL FOR THE DEAF - WORKSHOP EQUIPMENT	11,310	WIRE			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	SAN PEDRO ACADEMY FROM THE DAVIS TRUST	10,000	CHECK			
(8)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	WIRE			
(9)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	WIRE			
(10)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	WIRE			
(11)			CENTRAL AMERICA AND THE CARIBBEAN	FLOOD RELIEF	10,000	WIRE			
(12)			CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	10,000	WIRE			
(13)			EAST ASIA AND THE PACIFIC	KUMAMOTO JAPAN EARTHQUAKE RELIEF	3,362,500	CHECK			
(14)			EAST ASIA AND THE PACIFIC	TAIWAN NATIONAL EYE CARE NETWORK 2	901,227	CHECK			
(15)			EAST ASIA AND THE PACIFIC	TIMOR-LESTE EYE HEALTH	600,000	CHECK			
(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 . . . . . ▶ 362

**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; do not 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; do not 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)
(17)		EAST ASIA AND THE PACIFIC	PREVENTION OF AVOIDABLE BLINDNESS IN EAST INDONESIA	598,093	WIRE			
(18)		EAST ASIA AND THE PACIFIC	RENOVATE DORMITORY FOR DISABLED	100,000	CHECK			
(19)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE VISION SCREENING VEHICLE	100,000	CHECK			
(20)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE VISION SCREENING VEHICLE	100,000	CHECK			
(21)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR CHILDREN	100,000	CHECK			
(22)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP TWO MOBILE VISION SCREENING VEHICLES	100,000	CHECK			
(23)		EAST ASIA AND THE PACIFIC	EQUIP CENTER FOR BLIND & VISUALLY IMPAIRED	100,000	CHECK			
(24)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR CHILDREN & SENIORS	100,000	CHECK			
(25)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP FIRE SERVICE VEHICLE	100,000	CHECK			
(26)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(27)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(28)		EAST ASIA AND THE PACIFIC	PURCHASE DIABETES REHABILITATION EQUIPMENT	100,000	CHECK			
(29)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR SIX SOCIAL SERVICE ORGANIZATIONS	100,000	CHECK			
(30)		EAST ASIA AND THE PACIFIC	ESTABLISH & EQUIP HEALTH CENTER FOR SENIORS	100,000	CHECK			
(31)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP MOBILE BLOOD DONATION VEHICLE	100,000	CHECK			
(32)		EAST ASIA AND THE PACIFIC	PURCHASE FIVE TRANSPORT VEHICLES FOR DISABLED	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)
(33)		EAST ASIA AND THE PACIFIC	PURCHASE NINE TRANSPORT VEHICLES FOR DISABLED & SENIORS	99,000	CHECK			
(34)		EAST ASIA AND THE PACIFIC	PURCHASE 20 TRANSPORT VEHICLES FOR DISABLED & SENIORS	98,500	CHECK			
(35)		EAST ASIA AND THE PACIFIC	3D PRINTING REDUCE/CORRECT REFRACTIVE ERRORS IN CHILDREN	97,539	CHECK			
(36)		EAST ASIA AND THE PACIFIC	PURCHASE EIGHT TRANSPORT VEHICLES FOR DISABLED & SENIORS	97,000	CHECK			
(37)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN BUSAN	96,110	CHECK			
(38)		EAST ASIA AND THE PACIFIC	PURCHASE NINETEEN TRANSPORT VEHICLES FOR DISABLED & SENIORS	94,000	CHECK			
(39)		EAST ASIA AND THE PACIFIC	PURCHASE EIGHT TRANSPORT VEHICLES FOR DISABLED	90,000	CHECK			
(40)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS THAILAND	87,410	WIRE			
(41)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	85,000	CHECK			
(42)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP TWO TRANSPORT VEHICLES	79,165	CHECK			
(43)		EAST ASIA AND THE PACIFIC	EXPAND GUIDE DOG TRAINING FACILITY IN CHINA	75,000	WIRE			
(44)		EAST ASIA AND THE PACIFIC	EQUIP LIONS SIGHT CENTER IN KOREA	75,000	CHECK			
(45)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	70,273	CHECK			
(46)		EAST ASIA AND THE PACIFIC	CONSTRUCT VOCATIONAL TRAINING WORKSHOP FOR DISABLED & SENIOR	70,000	CHECK			
(47)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL OPHTHALMOLOGY DEPARTMENT IN CAMBODIA	68,520	ELECTRONIC			
(48)		EAST ASIA AND THE PACIFIC	EQUIP VISION SCREENING PROGRAM FOR YOUTH & SENIORS	66,408	CHECK			
(49)		EAST ASIA AND THE PACIFIC	EQUIP LIONS SIGHT CENTER	66,000	CHECK			
(50)		EAST ASIA AND THE PACIFIC	EXPAND PRIMARY SCHOOL IN MALAYSIA	65,000	CHECK			
(51)		EAST ASIA AND THE PACIFIC	PURCHASE THREE MOBILE	64,442	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)
			BATH UNITS FOR DISABLED & SENIORS					
(52)		EAST ASIA AND THE PACIFIC	PURCHASE THREE MOBILE BATH UNITS FOR DISABLED & SENIORS	62,630	CHECK			
(53)		EAST ASIA AND THE PACIFIC	RAAB & NATIONAL EYE HEALTH MONITORING SYSTEM IN LAO PDR	58,088	WIRE			
(54)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR THREE SOCIAL SERVICE ORGANIZATIONS	57,081	CHECK			
(55)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN BUSAN	51,798	CHECK			
(56)		EAST ASIA AND THE PACIFIC	EXPAND SECONDARY SCHOOL IN CAMBODIA	50,000	WIRE			
(57)		EAST ASIA AND THE PACIFIC	EQUIP CENTER FOR BLIND & VISUALLY IMPAIRED IN INDONESIA	50,000	WIRE			
(58)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - PHILIPPINES 2016	50,000	WIRE			
(59)		EAST ASIA AND THE PACIFIC	RENOVATE & EQUIP VOCATIONAL TRAINING CENTER FOR DISABLED	50,000	CHECK			
(60)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR THREE SOCIAL SERVICE ORGANIZATIONS	47,967	CHECK			
(61)		EAST ASIA AND THE PACIFIC	PURCHASE TWO TRANSPORT VEHICLES FOR DISABLED	46,500	CHECK			
(62)		EAST ASIA AND THE PACIFIC	PURCHASE MOBILE VISION SCREENING VEHICLE	45,500	CHECK			
(63)		EAST ASIA AND THE PACIFIC	EXPAND PRIMARY SCHOOL IN THE PHILIPPINES	43,000	CHECK			
(64)		EAST ASIA AND THE PACIFIC	EQUIP THREE HOSPITALS IN NORTHERN THAILAND	42,000	WIRE			
(65)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	39,907	CHECK			
(66)		EAST ASIA AND THE PACIFIC	PURCHASE TYPE-1 DIABETES RESEARCH EQUIPMENT FOR SPINAL CORD	39,456	ELECTRONIC			
(67)		EAST ASIA AND THE PACIFIC	RENOVATE & EQUIP SCHOOL FOR BLIND & VISUALLY	39,000	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)
			IMPAIRED					
(68)		EAST ASIA AND THE PACIFIC	42ND JAPAN LIONS MEDICAL MISSION TO THE PHILIPPINES	30,000	CHECK			
(69)		EAST ASIA AND THE PACIFIC	DENTAL MISSION TO THE PHILIPPINES	30,000	CHECK			
(70)		EAST ASIA AND THE PACIFIC	MEDICAL EQUIPMENT FOR HOSPITAL IN THAILAND	30,000	WIRE			
(71)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN THAILAND	29,550	WIRE			
(72)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR STUDENTS DISABLED & SENIORS I	29,054	CHECK			
(73)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(74)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(75)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(76)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(77)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(78)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(79)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(80)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(81)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(82)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	25,000	CHECK			
(83)		EAST ASIA AND THE PACIFIC	ESTABLISH & EQUIP MEAL PROGRAM FOR DISABLED & LOW-INCOME	25,000	CHECK			
(84)		EAST ASIA AND THE PACIFIC	CONSTRUCT & EQUIP PRIMARY SCHOOL IN THE PHILIPPINES	24,510	CHECK			
(85)		EAST ASIA AND THE PACIFIC	PURCHASE TWO TRANSPORT VEHICLES FOR DISABLED	24,000	CHECK			
(86)		EAST ASIA AND THE PACIFIC	RENOVATE & EQUIP SOCIAL WELFARE CENTER	23,823	CHECK			
(87)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	23,000	CHECK			
(88)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	22,000	CHECK			
(89)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLES FOR TWO SOCIAL SERVICE ORG.	21,844	CHECK			
(90)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	20,000	CHECK			
(91)		EAST ASIA AND THE PACIFIC	SCHOOL RENOVATIONS IN CAMBODIA	20,000	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)
(92)		EAST ASIA AND THE PACIFIC	EQUIP HOSPITAL IN AOMORI PREFECTURE	20,000	CHECK			
(93)		EAST ASIA AND THE PACIFIC	CONSTRUCT SCHOOL IN THE PHILIPPINES	20,000	CHECK			
(94)		EAST ASIA AND THE PACIFIC	EQUIP LABORATORY SCHOOL FOR CHILDREN IN CAMBODIA	18,560	ELECTRONIC			
(95)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	18,000	CHECK			
(96)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	18,000	CHECK			
(97)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS - VIETNAM	18,000	WIRE			
(98)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	16,390	CHECK			
(99)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP FIRE SERVICE VEHICLE FOR VOLUNTEER FIRE BUREAU	16,000	CHECK			
(100)		EAST ASIA AND THE PACIFIC	EQUIP VOCATIONAL TRAINING PROGRAM FOR DISABLED	15,940	CHECK			
(101)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	15,225	CHECK			
(102)		EAST ASIA AND THE PACIFIC	PURCHASE BLOOD TRANSPORT VEHICLE	15,113	CHECK			
(103)		EAST ASIA AND THE PACIFIC	EXPAND KINDERGARTEN IN VIETNAM	14,035	CHECK			
(104)		EAST ASIA AND THE PACIFIC	PURCHASE & EQUIP BLOOD TRANSPORT VEHICLE	13,625	CHECK			
(105)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED SENIORS	13,490	CHECK			
(106)		EAST ASIA AND THE PACIFIC	UPGRADE ELEMENTARY SCHOOL IN MYANMAR	13,000	CHECK			
(107)		EAST ASIA AND THE PACIFIC	EQUIP FUKUI EYE BANK IN JAPAN	12,825	CHECK			
(108)		EAST ASIA AND THE PACIFIC	PURCHASE BLOOD TRANSPORT VEHICLE	12,820	CHECK			
(109)		EAST ASIA AND THE PACIFIC	PURCHASE PATROL CARS FOR JUVENILE SUPPORT CENTER	12,522	CHECK			
(110)		EAST ASIA AND THE PACIFIC	J & J SIGHT FOR KIDS VIDEO PRODUCTION 2016	11,900	CHECK			
(111)		EAST ASIA AND THE PACIFIC	PURCHASE MEDICAL EQUIPMENT	11,758	CHECK			
(112)		EAST ASIA AND THE PACIFIC	PURCHASE	11,558	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)
			TRANSPORT VEHICLE FOR SOCIAL SERVICE ORGANIZATION					
(113)		EAST ASIA AND THE PACIFIC	PURCHASE TRANSPORT VEHICLE FOR DISABLED	10,432	CHECK			
(114)		EAST ASIA AND THE PACIFIC	EQUIP HOME FOR SENIORS	10,409	CHECK			
(115)		EAST ASIA AND THE PACIFIC	VISION MISSION TO THE PHILIPPINES	10,000	CHECK			
(116)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	CHECK			
(117)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(118)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(119)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	WIRE			
(120)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(121)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(122)		EAST ASIA AND THE PACIFIC	DENTAL MISSION TO THE PHILIPPINES	10,000	CHECK			
(123)		EAST ASIA AND THE PACIFIC	WATER WELLS IN MYANMAR	10,000	CHECK			
(124)		EAST ASIA AND THE PACIFIC	WHEELCHAIRS TO THAILAND	10,000	CHECK			
(125)		EAST ASIA AND THE PACIFIC	MEDICAL MISSION TO BANGLADESH	10,000	CHECK			
(126)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(127)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(128)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(129)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(130)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(131)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(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	TYPHOON RELIEF	10,000	CHECK			
(136)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(137)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(138)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(139)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(140)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(141)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(142)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(143)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(144)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(145)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	CHECK			
(146)		EAST ASIA AND THE PACIFIC	FLOODING RELIEF	10,000	ELECTRONIC			
(147)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(148)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(149)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(150)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(151)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	10,000	CHECK			
(152)		EAST ASIA AND THE PACIFIC	TYPHOON RELIEF	10,000	CHECK			
(153)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(154)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(155)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(156)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(157)		EAST ASIA AND THE PACIFIC	FLOOD RELIEF	10,000	WIRE			
(158)		EAST ASIA AND THE PACIFIC	MEDICAL MISSION TO THE PHILIPPINES	10,000	CHECK			
(159)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RELIEF	9,103	CHECK			
(160)		EAST ASIA AND THE PACIFIC	EQUIP SCHOOLS IN NEPAL	9,000	CHECK			
(161)		EAST ASIA AND THE PACIFIC	COMPUTERS FOR MYANMAR	7,680	CHECK			
(162)		EAST ASIA AND THE PACIFIC	EXPAND LIONS QUEST	5,500	CHECK			
(163)		EAST ASIA AND THE PACIFIC	UPGRADE HOSPITAL IN SRI LANKA	5,150	CHECK			
(164)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LCIF - GAVI PARTNERSHIP TO SUPPORT MEASLES IMMUNIZATION PROGRAMS	2,000,000	WIRE			
(165)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LCIF - GAVI PARTNERSHIP TO SUPPORT MEASLES IMMUNIZATION PROGRAMS	500,000	WIRE			
(166)		EUROPE (INCLUDING ICELAND AND GREENLAND)	UNODC - EASTERN EUROPE 2016	371,825	WIRE			
(167)		EUROPE (INCLUDING ICELAND AND GREENLAND)	WHO REPORT ON GLOBAL VISUAL IMPAIRMENT AND RESEARCH	300,000	WIRE			
(168)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CHILDREN WITH VISUAL IMPAIRMENT PROJECT IN MACEDONIA II	254,348	WIRE			
(169)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPANDING OPHTHALMIC EXAMINATIONS IN NORTHERN GREECE	238,864	ELECTRONIC			
(170)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	100,000	CHECK			
(171)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT HOME FOR ORPHANS	100,000	ELECTRONIC			
(172)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RENOVATE CENTER FOR AT-RISK YOUTH	100,000	ELECTRONIC			
(173)		EUROPE (INCLUDING ICELAND AND GREENLAND)	MCAT - CENTRAL ITALY EARTHQUAKE	100,000	ELECTRONIC			

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(174)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT NURSING HOME FOR ALZHEIMER PATIENTS	100,000	WIRE			
(175)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE - SCHOOL & HEALTH CENTER	91,000	ELECTRONIC			
(176)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP SWEDISH LIONS TENT PROGRAM	75,000	ELECTRONIC			
(177)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND LIONS QUEST	75,000	WIRE			
(178)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EST. & EQUIP REFUGEE SCHOOLS IN TURKEY	67,000	ELECTRONIC			
(179)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP VISION SCREENING PROGRAM	62,550	ELECTRONIC			
(180)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FURNISH HOUSING PROGRAM FOR THE HOMELESS	50,000	ELECTRONIC			
(181)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP PLAYGROUND FOR THE DISABLED	44,100	ELECTRONIC			
(182)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP PLAYGROUND FOR THE DISABLED	43,000	ELECTRONIC			
(183)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CONSTRUCT PLAYGROUND FOR THE DISABLED	40,366	WIRE			
(184)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP HEMATOLOGY LAB AT KINGS COLLEGE HOSPITAL - LIBRA	35,814	ELECTRONIC			
(185)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE - CLASSROOMS & EQUIPMENT	35,416	WIRE			
(186)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND CENTER FOR DISABLED	33,052	ELECTRONIC			
(187)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT TO IMPROVE LITERACY IN GHANA	30,000	ELECTRONIC			
(188)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP GYNECOLOGY HOSPITAL WITH AN ULTRASOUND	29,300	WIRE			
(189)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FACILITY UPGRADE AT INTERNATIONAL PEACE VILLAGE	24,771	ELECTRONIC			
(190)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EQUIP SCHOOLS IN TAHITI	19,046	WIRE			
(191)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			
(192)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			
(193)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			

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(194)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EARTHQUAKE RELIEF	10,000	ELECTRONIC			
(195)		EUROPE (INCLUDING ICELAND AND GREENLAND)	VATICAN VISIT 2017	10,000	ELECTRONIC			
(196)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			
(197)		EUROPE (INCLUDING ICELAND AND GREENLAND)	WILDFIRE RELIEF	10,000	ELECTRONIC			
(198)		EUROPE (INCLUDING ICELAND AND GREENLAND)	WILDFIRE RELIEF	10,000	ELECTRONIC			
(199)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FLOOD RELIEF	10,000	WIRE			
(200)		EUROPE (INCLUDING ICELAND AND GREENLAND)	REFUGEE ASSISTANCE - RENOVATE & EQUIP SOUP KITCHEN	9,210	ELECTRONIC			
(201)		MIDDLE EAST AND NORTH AFRICA	REFUGEE PROJECT IN LEBANON	250,000	ELECTRONIC			
(202)		MIDDLE EAST AND NORTH AFRICA	EQUIP HOSPITAL WITH POST-SURGERY EQUIPMENT	67,500	WIRE			
(203)		MIDDLE EAST AND NORTH AFRICA	EQUIP CENTER FOR HEALTH & EDUCATION SCREENINGS	45,000	WIRE			
(204)		MIDDLE EAST AND NORTH AFRICA	FLOOD RELIEF	10,000	WIRE			
(205)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP RICHMOND HOSPITAL OF VANCOUVER CANCER LABORATORY	100,000	ELECTRONIC			
(206)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP EAR NOSE THROAT CLINIC	100,000	ELECTRONIC			
(207)		NORTH AMERICA (CANADA & MEXICO ONLY)	DIABETES DETECTION PROGRAM IN MANITOBA	100,000	ELECTRONIC			
(208)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP ESAR SEARCH AND RESCUE PROGRAM	100,000	ELECTRONIC			
(209)		NORTH AMERICA (CANADA & MEXICO ONLY)	CONSTRUCT AND EQUIP LIONS CLUBS' PRE-SCHOOL	98,245	WIRE			
(210)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP HEALTH SCIENCES CENTRE OF NEWFOUNDLAND	50,924	ELECTRONIC			
(211)		NORTH AMERICA (CANADA & MEXICO ONLY)	EXPAND LIONS QUEST	47,859	WIRE			
(212)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE RETINAL IMAGING CAMERA FOR THUNDER BAY REGIONAL HEALTH CENTER	45,000	WIRE			
(213)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP DOG GUIDES OF CANADA	38,906	ELECTRONIC			
(214)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP LIONS EYE CLINIC OF	32,900	ELECTRONIC			

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			ONTARIO					
(215)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP DIALYSIS TREATMENT UNIT	31,162	ELECTRONIC			
(216)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE TRANSPORT VEHICLE FOR HOSPITAL	30,000	WIRE			
(217)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP HEARING PROGRAM AT DALHOUSIE UNIVERSITY	25,100	ELECTRONIC			
(218)		NORTH AMERICA (CANADA & MEXICO ONLY)	EXPAND LIONS QUEST	25,000	WIRE			
(219)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP CENTER FOR AT-RISK-YOUTH	10,105	ELECTRONIC			
(220)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	ELECTRONIC			
(221)		NORTH AMERICA (CANADA & MEXICO ONLY)	LANDSLIDE RELIEF	10,000	WIRE			
(222)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE LIONS VISION SCREENING EQUIPMENT	10,000	CHECK			
(223)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	WIRE			
(224)		NORTH AMERICA (CANADA & MEXICO ONLY)	HURRICANE RELIEF	10,000	WIRE			
(225)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	WIRE			
(226)		NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIP LIONS VISION SCREENING PROGRAM	10,000	WIRE			
(227)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOOD RELIEF	10,000	ELECTRONIC			
(228)		NORTH AMERICA (CANADA & MEXICO ONLY)	HEARING MISSION TO MEXICO	10,000	CHECK			
(229)		RUSSIA AND NEIGHBORING STATES	EXPAND LIONS QUEST	69,550	WIRE			
(230)		RUSSIA AND NEIGHBORING STATES	PURCHASE LOW VISION AIDS FOR ORPHANAGE IN UKRAINE	34,020	WIRE			
(231)		RUSSIA AND NEIGHBORING STATES	PURCHASE LOW-VISION AIDS FOR ORPHANAGE	34,020	WIRE			
(232)		RUSSIA AND NEIGHBORING STATES	PURCHASE LOW-VISION AIDS FOR RIVNE ORPHANAGE	34,020	WIRE			
(233)		RUSSIA AND NEIGHBORING STATES	EXPAND LIONS QUEST	25,000	WIRE			
(234)		RUSSIA AND NEIGHBORING STATES	EYE SCREENING MISSION IN REPUBLIC OF GEORGIA	7,680	ELECTRONIC			
(235)		SOUTH AMERICA	COMPREHENSIVE EYE CARE, UBATE COLOMBIA	314,728	WIRE			
(236)		SOUTH AMERICA	ECUADOR EARTHQUAKE RELIEF - HOMES	209,000	CHECK			
(237)		SOUTH AMERICA	EXPAND LIONS GUIDE DOG SCHOOL	100,000	WIRE			
(238)		SOUTH AMERICA	UPDATE SURGICAL	100,000	ELECTRONIC			

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			EQUIPMENT					
(239)		SOUTH AMERICA	EQUIP KIDNEY DIALYSIS FACILITIES	100,000	ELECTRONIC			
(240)		SOUTH AMERICA	COLOMBIA MUDSLIDE RELIEF	100,000	WIRE			
(241)		SOUTH AMERICA	SPORTS/RECREATIONAL UPGRADES AT SCHOOL FOR THE DEAF	100,000	WIRE			
(242)		SOUTH AMERICA	IMPROVE HOME FOR THE DISABLED	100,000	WIRE			
(243)		SOUTH AMERICA	CONSTRUCT NUTRITION CENTERS FOR NEEDY COMMUNITIES	92,881	WIRE			
(244)		SOUTH AMERICA	UPDATE DIAGNOSTIC EQUIPMENT FOR CANCER DETECTION	89,227	ELECTRONIC			
(245)		SOUTH AMERICA	HOSPITAL FACILITY UPGRADES	77,471	ELECTRONIC			
(246)		SOUTH AMERICA	PURCHASE AND EQUIP MOBILE OPHTHALMOLOGICAL UNIT	75,616	ELECTRONIC			
(247)		SOUTH AMERICA	RENOVATE CENTER FOR THE BLIND AND VISUALLY IMPAIRED	75,000	WIRE			
(248)		SOUTH AMERICA	EXPAND AND EQUIP HOSPITAL PSYCHIATRIC CLINIC	75,000	ELECTRONIC			
(249)		SOUTH AMERICA	UPDATE AND EQUIP HOSPITAL UNIT	74,070	ELECTRONIC			
(250)		SOUTH AMERICA	EXPAND AND UPDATE PATIENT GUEST HOUSE	73,551	ELECTRONIC			
(251)		SOUTH AMERICA	EQUIP AND FURNISH SENIOR UNIT AT HOSPITAL	73,121	ELECTRONIC			
(252)		SOUTH AMERICA	DIABETES PROJECT COLOMBIA	70,000	WIRE			
(253)		SOUTH AMERICA	ELEVATOR FOR HOSPITAL	68,020	ELECTRONIC			
(254)		SOUTH AMERICA	REMODEL AND FURNISH CENTER FOR PREMATURE INFANT DEVELOPMENT	66,375	WIRE			
(255)		SOUTH AMERICA	RENOVATE HOSPITAL MATERNITY WARD	57,556	ELECTRONIC			
(256)		SOUTH AMERICA	UPDATE DIAGNOSTIC EQUIPMENT AT CEARA STATE UNIVERSITY	37,250	CHECK			
(257)		SOUTH AMERICA	EQUIP HOSPITAL BLOOD BANK	36,000	ELECTRONIC			
(258)		SOUTH AMERICA	EQUIP AND	26,625	WIRE			

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			FURNISH LIONS COMMUNITY HEALTH CLINIC					
(259)		SOUTH AMERICA	WATER ACCESS FOR RURAL TOWN	20,233	WIRE			
(260)		SOUTH AMERICA	DIAGNOSTIC EQUIPMENT FOR LIONS OPHTHALMOLOGICAL CENTER	20,135	CHECK			
(261)		SOUTH AMERICA	HOME REPAIRS	20,000	WIRE			
(262)		SOUTH AMERICA	PLAYGROUND FOR DISABLED CHILDREN	17,211	WIRE			
(263)		SOUTH AMERICA	ESTABLISH HOSPITAL MILK BANK	16,500	WIRE			
(264)		SOUTH AMERICA	HOME REPAIRS	15,000	ELECTRONIC			
(265)		SOUTH AMERICA	DENTAL CLINIC EQUIPMENT AND FACILITY UPGRADE	13,500	WIRE			
(266)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(267)		SOUTH AMERICA	MUDSLIDE RELIEF	10,000	WIRE			
(268)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(269)		SOUTH AMERICA	HOME REPAIRS	10,000	CHECK			
(270)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(271)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(272)		SOUTH AMERICA	WINDSTORM RELIEF	10,000	ELECTRONIC			
(273)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(274)		SOUTH AMERICA	HAILSTORM RELIEF	10,000	ELECTRONIC			
(275)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(276)		SOUTH AMERICA	FLOOD RELIEF	10,000	ELECTRONIC			
(277)		SOUTH AMERICA	WILDFIRE RELIEF	10,000	WIRE			
(278)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(279)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(280)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(281)		SOUTH AMERICA	FLOOD RELIEF	10,000	CHECK			
(282)		SOUTH AMERICA	WINDSTORM RELIEF	10,000	WIRE			
(283)		SOUTH AMERICA	EARTHQUAKE RELIEF	10,000	WIRE			
(284)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(285)		SOUTH AMERICA	MUDSLIDE RELIEF	10,000	WIRE			
(286)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(287)		SOUTH AMERICA	FLOOD RELIEF	10,000	WIRE			
(288)		SOUTH ASIA	UPGRADE UDAYGIRI LIONS EYE HOSPITAL	451,534	WIRE			
(289)		SOUTH ASIA	MR CAMPAIGN 2017 - INDIA	150,000	CHECK			
(290)		SOUTH ASIA	MR CAMPAIGN 2017 - INDIA	150,000	CHECK			
(291)		SOUTH ASIA	ESTABLISH DIALYSIS CENTER AT PUNGANUR	100,000	WIRE			
(292)		SOUTH ASIA	EXPAND SCHOOL AT RANIGANJ	100,000	WIRE			
(293)		SOUTH ASIA	EXPAND DISTRICT 324-B3 LIONS SCHOOL	100,000	WIRE			



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(294)		SOUTH ASIA	CONSTRUCT SCHOOL BUILDING AT METTUPALAYAM	100,000	WIRE			
(295)		SOUTH ASIA	EXPAND SCHOOL AT RAICHUR	100,000	WIRE			
(296)		SOUTH ASIA	EXPAND LIONS SCHOOL AT WATRAP	100,000	CHECK			
(297)		SOUTH ASIA	EXPAND LIONS SCHOOL AT PUNASA	100,000	WIRE			
(298)		SOUTH ASIA	MD-306 MICROENTERPRISE PROJECT	100,000	CHECK			
(299)		SOUTH ASIA	UPGRADE SATARA CAMP LIONS NAB EYE HOSPITAL	94,860	CHECK			
(300)		SOUTH ASIA	EXPAND SPECIAL EDUCATION SCHOOL AT NAGDA	93,986	CHECK			
(301)		SOUTH ASIA	UPGRADE LIONS SADHURAM EYE HOSPITAL, HYDERABAD	91,120	WIRE			
(302)		SOUTH ASIA	DIABETES IN BANGALORE, INDIA	88,750	CHECK			
(303)		SOUTH ASIA	COMPREHENSIVE EYE CARE WORKLOAD ASSESSMENT IN TAMILNADU	86,851	WIRE			
(304)		SOUTH ASIA	UPGRADE PC ROY MEMORIAL GHATAL LIONS EYE HOSPITAL	85,422	CHECK			
(305)		SOUTH ASIA	EQUIP LEKHNATH COMMUNITY LIONS HOSPITAL	85,000	CHECK			
(306)		SOUTH ASIA	CONSTRUCT VOCATIONAL TRAINING CENTER FOR DISABLED AT SIDDAPU	75,000	WIRE			
(307)		SOUTH ASIA	FLOOD RELIEF	75,000	CHECK			
(308)		SOUTH ASIA	UPGRADE LIONS EYE HOSPITAL, BHILWARA	68,523	WIRE			
(309)		SOUTH ASIA	EQUIP AKSHAYA PATRA PROGRAM WITH VEHICLES	67,696	WIRE			
(310)		SOUTH ASIA	EXPAND SECONDARY SCHOOL AT JANAKPURDHAM	61,000	CHECK			
(311)		SOUTH ASIA	RAAB IN TELANGANA, INDIA	59,631	CHECK			
(312)		SOUTH ASIA	EQUIP HOSPITAL IN JAFFNA DISTRICT	51,250	CHECK			
(313)		SOUTH ASIA	J & J SIGHT FOR KIDS - HYDERABAD 2016	50,000	CHECK			
(314)		SOUTH ASIA	J & J SIGHT FOR KIDS - KOLKATA 2016	41,000	CHECK			
(315)		SOUTH ASIA	J & J SIGHT FOR KIDS - KERALA	34,500	CHECK			

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(316)		SOUTH ASIA	UPGRADE SCHOOL AT KORBA	34,256	WIRE			
(317)		SOUTH ASIA	EXPAND DIALYSIS CENTER AT ANGAMALY	33,325	WIRE			
(318)		SOUTH ASIA	UPGRADE LIONS HOSPITAL AT JAMURIA	30,000	WIRE			
(319)		SOUTH ASIA	UPGRADE HOME FOR AT RISK CHILDREN	21,500	WIRE			
(320)		SOUTH ASIA	CONSTRUCT TOILET FACILITIES AT 10 SCHOOLS	15,200	WIRE			
(321)		SOUTH ASIA	FLOOD RELIEF	10,000	CHECK			
(322)		SOUTH ASIA	CYCLONE RELIEF	10,000	CHECK			
(323)		SOUTH ASIA	J & J SIGHT FOR KIDS OUTCOME DATA COLLECTION	8,780	WIRE			
(324)		SOUTH ASIA	MANPOWER AND MANAGEMENT TRAINING, B.S. MEHTA EYE HOSPITAL	7,500	WIRE			
(325)		SUB-SAHARAN AFRICA	ELIMINATION OF BLINDING TRACHOMA AS A PUBLIC HEALTH PROBLEM	2,550,000	CHECK			
(326)		SUB-SAHARAN AFRICA	QUEEN ELIZABETH DIAMOND JUBILEE TRUST TRACHOMA INITIATIVE	1,500,000	WIRE			
(327)		SUB-SAHARAN AFRICA	RIVER BLINDNESS ELIMINATION IN ETHIOPIA	1,200,000	CHECK			
(328)		SUB-SAHARAN AFRICA	TRACHOMA ELIMINATION	1,144,549	WIRE			
(329)		SUB-SAHARAN AFRICA	CONTINUATION OF ONCHOCERCIASIS CONTROL	409,334	WIRE			
(330)		SUB-SAHARAN AFRICA	COMPREHENSIVE EYE CARE PROJECT IN ACHOLI SUB-REGION	326,475	WIRE			
(331)		SUB-SAHARAN AFRICA	MICEI EYE HEALTH PERSONNEL TRAINING PROGRAM	278,892	WIRE			
(332)		SUB-SAHARAN AFRICA	ELIMINATING BLINDING TRACHOMA IN NIGER	200,000	WIRE			
(333)		SUB-SAHARAN AFRICA	EQUIP OPHTHALMOLOG Y AT EBOLA SURVIVOR CLINIC IN GUINEA	162,805	WIRE			
(334)		SUB-SAHARAN AFRICA	EXPAND KAANI SCHOOL	150,000	WIRE			
(335)		SUB-SAHARAN AFRICA	ELIMINATING BLINDING TRACHOMA IN MALI	100,000	WIRE			

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(336)		SUB-SAHARAN AFRICA	COMPARATIVE STUDY ON REDUCING URE IN CHILDREN IN ABUJA	97,864	CHECK			
(337)		SUB-SAHARAN AFRICA	EAST AFRICA FAMINE RELIEF	91,000	WIRE			
(338)		SUB-SAHARAN AFRICA	MEASLES CAMPAIGN 2016 - MADAGASCAR	90,000	WIRE			
(339)		SUB-SAHARAN AFRICA	EXPAND AND FURNISH SCHOOL IN BURKINA FASO	80,000	ELECTRONIC			
(340)		SUB-SAHARAN AFRICA	PREVALENCE OF BLINDNESS AND VISUAL IMPAIRMENT IN CHILDREN	59,937	WIRE			
(341)		SUB-SAHARAN AFRICA	EAST AFRICA FAMINE RELIEF	59,675	WIRE			
(342)		SUB-SAHARAN AFRICA	EXPAND LIONS QUEST	52,656	WIRE			
(343)		SUB-SAHARAN AFRICA	CONSTRUCT 4 CLASSROOMS AT THE SEGBE PRIMARY SCHOOL IN TOGO	43,637	WIRE			
(344)		SUB-SAHARAN AFRICA	CONSTRUCT KINDERGARTEN & INFIRMARY IN RURAL VILLAGE IN BURKINA FASO	38,000	ELECTRONIC			
(345)		SUB-SAHARAN AFRICA	EXPAND ORPHANAGE AT KASESE	33,871	WIRE			
(346)		SUB-SAHARAN AFRICA	WATER WELLS & DRIP IRRIGATION IN BURKINA FASO	30,000	ELECTRONIC			
(347)		SUB-SAHARAN AFRICA	MALAWI MEASLES RUBELLA CAMPAIGN 2017	28,000	WIRE			
(348)		SUB-SAHARAN AFRICA	EXPAND PRIMARY SCHOOL IN MADAGASCAR	25,639	ELECTRONIC			
(349)		SUB-SAHARAN AFRICA	EXPAND LIONS QUEST	25,000	WIRE			
(350)		SUB-SAHARAN AFRICA	COMMUNITY RECOVERY	19,390	CHECK			
(351)		SUB-SAHARAN AFRICA	MR CAMPAIGN 2016 - ZAMBIA	18,500	WIRE			
(352)		SUB-SAHARAN AFRICA	EXPAND ACCESS TO CLEAN WATER IN RURAL VILLAGE IN SENEGAL	15,502	ELECTRONIC			
(353)		SUB-SAHARAN AFRICA	WORLD IMMUNIZATION WEEK 2017 - MALI	15,000	WIRE			
(354)		SUB-SAHARAN AFRICA	DRILL WATER WELL IN KENYA	10,000	ELECTRONIC			
(355)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(356)		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	10,000	WIRE			
(357)		SUB-SAHARAN AFRICA	TORNADO RELIEF	10,000	CHECK			
(358)		SUB-SAHARAN AFRICA	FIRE RELIEF	10,000	CHECK			
(359)		SUB-SAHARAN AFRICA	FIRE RELIEF	10,000	CHECK			

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(360)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(361)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(362)		SUB-SAHARAN AFRICA	FLOOD RELIEF	10,000	WIRE			
(363)		SUB-SAHARAN AFRICA	EARTHQUAKE RELIEF	9,655	WIRE			

Part V

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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.

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

OMB No. 1545-0047

**2016**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1) THE GAVI CAMPAIGN</b> 1776 I (EYE) STREET, NW, WASHINGTON, DC 20006	91-2004617	501 (C) 3	2,500,000				(SEE STATEMENT)
<b>(2) SPECIAL OLYMPICS</b> 1133 19TH STREET, NW, WASHINGTON, DC 20036	52-0889518	501 (C) 3	1,689,000				SPECIAL OLYMPICS - 2017
<b>(3) LCI DIABETES PILOT PROJECTS PROGRAM</b> 300 W. 22ND STREET, OAK BROOK, IL 60523	N/A		750,000				(SEE STATEMENT)
<b>(4) REMOTE AREA MEDICAL</b> 2200 STOCK CREEK BLVD., ROCKFORD, TN 37853	58-1647546	501 (C) 3	250,000				HUMANITARIAN AWARD 2017
<b>(5) KIDSIGHT USA BLOCK GRANT</b> 300 W. 22ND STREET, OAK BROOK, IL 60524	N/A		200,000				(SEE STATEMENT)
<b>(6) LIONS QUEST COMMUNITY PARTNERSHIP</b> 300 W. 22ND STREET, OAK BROOK, IL 60523	N/A		200,000				(SEE STATEMENT)
<b>(7) DISTRICT 12 O</b> 327 CREEKSHIRE DR., SIGNAL MOUNTAIN, TN 37377	51-0170754	501 (C) 4	166,110				(SEE STATEMENT)
<b>(8) MULTIPLE DISTRICT 22</b> 104 MILFORD AVENUE, WILMINGTON, DE 19809 1227	23-7050709	501 (C) 4	130,000				(SEE STATEMENT)
<b>(9) MULTIPLE DISTRICT 33</b> 43 STEWART TERRACE, BELMONT, MA 02478	83-0504460	501 (C) 4	128,800				(SEE STATEMENT)
<b>(10) DISTRICT 20 R1</b> 1 CROTON POINT AVENUE, CROTON-ON-HUDSON, NY 10520	13-3876121	501 (C) 4	100,000				(SEE STATEMENT)
<b>(11) DISTRICT 27 B1</b> 205 FERN LN, OXFORD, WI 53952	23-7159372	501 (C) 4	100,000				(SEE STATEMENT)
<b>(12) (SEE STATEMENT)</b>							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4
- 3** Enter total number of other organizations listed in the line 1 table ▶ 86

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

Cat. No. 50055P

Schedule I (Form 990) (2016)





## 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 12 N 220 PORTWOOD RD, CLINTON, TN 37716-4302	23-7215448	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(13) DISTRICT 25 B 595 EAST SR 124, MONROE, IN 46772	23-7313213	501 (C) 4	100,000				FACILITY EXPANSION FOR TRANSPORT SERVICES
(14) DISTRICT 5M 6 12117 INDIAN RIVER TRAIL, HASTINAGS, MN 55033 8544	23-7327790	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(15) DISTRICT 33 K 228 ROLLING MEADOW DRIVE, HOLLISTON, MA 01746	23-7328862	501 (C) 4	100,000				PURCHASE AND EQUIP MOBILE SCREENING UNIT
(16) DISTRICT 1 A 6628 WOOD RIVER DRIVE, NILES, IL 60714	36-6106638	501 (C) 4	100,000				CONSTRUCT CENTER AT CHICAGO LIGHTHOUSE FOR THE BLIND
(17) DISTRICT 32 A 503 VERDAE DRIVE, SPARTANBURG, SC 29301	57-0898989	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(18) DISTRICT 30 M 349 BROOKS AVE, BOYLE, MS 38730 9629	64-6027945	501 (C) 4	100,000				MIRACLE LEAGUE FIELD FOR THE DISABLED
(19) DISTRICT 2 S5 PO BOX 776, WEIMAR, TX 78962-1622	74-2549056	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(20) DISTRICT 2 S5 335 CLUB VIEW DRIVE, LA GRANGE, TX 78945	74-2549056	501 (C) 4	100,000				EQUIP RECREATIONAL PLAY AREA FOR THE DISABLED
(21) DISTRICT 15 P O BOX 368, PINE BLUFFS, WY 82082	83-6009532	501 (C) 4	100,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(22) MULTIPLE DISTRICT 8 4220 HARING RD, METAIRIE, LA 70006-2514	58-1838966	501 (C) 4	100,000				LOUISIANA FLOODING DISASTER 2016
(23) DISTRICT 20 E2 444 RT. 245, RUSHVILLE, NY 14544	80-0262267	501 (C) 4	100,000				CONSTRUCT CORNING HOSPICE CARE HOUSE
(24) DISTRICT 49 A 7138 WATERFALL DR, EAGLE RIVER, AK 99577	92-0168503	501 (C) 4	100,000				EXPAND LIONS QUEST
(25) DISTRICT 4 A1 3450 ARROWHEAD STREET, COPPEROPOLIS, CA 95228	23-7426310	501 (C) 4	97,000				EQUIP NATURE TRAIL FOR THE DISABLED
(26) DISTRICT 18 L 42 WATERSIDE COURT, ELLIJAY, GA 30536-8354	58-6043799	501 (C) 4	90,000				EQUIP GOOD SAMARITAN HEALTH AND WELLNESS CENTER
(27) MULTIPLE DISTRICT 5M 6770 150TH AVE N W, NEW LONDON, MN 56273	41-1278740	501 (C) 4	86,100				PURCHASE VISION SCREENING EQUIPMENT
(28) DISTRICT 36 E PO BOX 495, SUTHERLIN, OR 97479	27-2280716	501 (C) 4	85,000				DOGS FOR THE DEAF KENNEL EXPANSION
(29) MULTIPLE DISTRICT 3 4833 DELVIEW DR, DEL CITY, OK 73115	23-7050631	501 (C) 4	75,000				EQUIP OKLAHOMA LIONS EYE BANK

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) MULTIPLE DISTRICT 34 1737 EAST BANK ROAD, PRATTVILLE, AL 36067	23-7050708	501 (C) 4	75,000				EQUIP CALLAHAN EYE HOSPITAL OF ALABAMA
(31) DISTRICT 37 703 CONWAY ST., BILLINGS, MT 59105 3301	38-3951273	501 (C) 4	75,000				RENOVATE ENNIS SENIORS CENTER
(32) MULTIPLE DISTRICT 33 147 WILSON AVENUE , QUINCY , MA 02170	83-0504460	501 (C) 4	75,000				EQUIP BOSTON MEDICAL CENTER
(33) DISTRICT 20 E1 PO BOX 118, HAMLIN, NY 14464-0118	16-0743906	501 (C) 4	75,000				EQUIP MIRACLE LEAGUE FIELD OF ROCHESTER
(34) DISTRICT 14 W 710 MARKET ST, KINGSTON, PA 18704	23-2483171	501 (C) 4	71,400				EQUIP GEISINGER HOSPITAL NICU
(35) MULTIPLE DISTRICT 12 122 MT. VIEW AVENUE, MCMINNVILLE, TN 37110 1739	58-1721334	501 (C) 4	68,588				WORLD SIGHT DAY 2016
(36) DISTRICT 26 M1 41160 MARIES ROAD 633, DIXON, MO 65459	43-6051716	501 (C) 4	59,375				RENOVATE CAMP BRIM SHIRE
(37) MULTIPLE DISTRICT 31 207 ARCHER LN, FAISON, NC 28341	56-0652336	501 (C) 4	54,580				EQUIP UNC KITTNER EYE CENTER
(38) DISTRICT 35 I 3614 ASBURY DR., PARRISH, FL 34219-9389	65-0718435	501 (C) 4	50,000				EQUIP WPEC SCHOOL FOR SPECIAL NEEDS CHILDREN
(39) MULTIPLE DISTRICT 13 13840 ROBINSON ROAD, PLAIN CITY, OH 43064	31-6064520	501 (C) 4	50,000				RENOVATE CANINE COMPANIONS OF OHIO
(40) DISTRICT 20 K2 227 OAK STREET, BELLMORE, NY 11710	11-6032817	501 (C) 4	48,300				RENOVATE BEACON HOUSE FOR THE BLIND
(41) LIONS KIDSIGHT USA FOUNDATION PO BOX 833, CORNING , NY 14830	81-3844584	501 (C) 3	40,799				LIONS KIDSIGHT USA PROGRAM
(42) DISTRICT 2 X3 2517 CRYSTAL DR, TEMPLE, TX 76502 7382	23-7291235	501 (C) 4	40,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(43) DISTRICT 24 E 370 WINDSOR DR, CHRISTIANSBURG, VA 24073	54-1113433	501 (C) 4	38,150				EXPAND LIONS QUEST
(44) DISTRICT 5M 2 523 SKYVIEW LANE, CARVER, MN 55315	41-6039926	501 (C) 4	35,000				RENOVATE LIONS SENIORS FACILITY
(45) DISTRICT 5M 8 39929 FOX ROAD, HINCKLEY, MN 55037	41-1390009	501 (C) 4	31,385				EQUIP MIDWEST OUTDOORS DISABILITY PROGRAM
(46) DISTRICT 35 N 5851 SW 11 ST, WEST MIAMI, FL 33144 5163	27-2753280	501 (C) 4	30,000				MIAMI LIGHTHOUSE FOR THE BLIND EXPANSION PROJECT
(47) DISTRICT 16 N 15 CREST DR, MIDLAND PARK, NJ 07432 1312	47-1314821	501 (C) 4	30,000				PURCHASE SURGICAL MICROSCOPE FOR EVERSIGHT NEW JERSEY
(48) DISTRICT 24 B 10409 HYANNIS DRIVE, RICHMOND, VA 23236	54-1736852	501 (C) 4	30,000				PURCHASE AND EQUIP MOBILE HEALTH UNIT
(49) MULTIPLE DISTRICT 13 13840 ROBINSON ROAD, PLAIN CITY, OH 43064	31-6064520	501 (C) 4	25,000				EXPAND LIONS QUEST
(50) DISTRICT 22 C 263 COVE DRIVE, LUSBY, MD 20657	23-7050709	501 (C) 4	23,730				EXPAND LIONS QUEST

(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
(51) DISTRICT 4 L5 11821 ARLISS COURT , GRAND TERRACE, CA 92313	95-6133182	501 (C) 4	22,518				PURCHASE VISION SCREENING EQUIPMENT
(52) DISTRICT 14 F 510 VINE STREET, TIONESTA, PA 16353	23-7326285	501 (C) 4	20,546				MEADVILLE PROJECTS FOR BLIND
(53) DISTRICT 31 N 1107 CHELTON COURT NW, CALABASH, NC 28467	47-4280673	501 (C) 4	20,000				HURRICANE RELIEF
(54) DISTRICT 20 E2 444 RT. 245, RUSHVILLE, NY 14544	80-0262267	501 (C) 4	20,000				EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
(55) DISTRICT 36 G 3096 ELIOT DRIVE, HOOD RIVER, OR 97031	23-7309411	501 (C) 4	16,412				EQUIP CHD VISION CLINIC
(56) DISTRICT 27 B1 205 FERN LN, OXFORD, WI 53952	23-7159372	501 (C) 4	15,000				EQUIP WISCONSIN LIONS CAMP FOR VISUALLY IMPAIRED
(57) DISTRICT 14 J 209 INEZ ST, JOHNSTOWN, PA 15904 1536	25-1648442	501 (C) 4	14,884				GROUP LIFESTYLE BALANCE PROGRAM
(58) DISTRICT 5M 4 12069 BLUEGILL DR, SAUK CENTRE, MN 56378 9803	41-1280401	501 (C) 4	14,165				PURCHASE VISION SCREENING EQUIPMENT
(59) DISTRICT 13 OH2 1841 COUNTY RD 1095, ASHLAND, OH 44805	34-1196352	501 (C) 4	12,510				PURCHASE VISION SCREENING EQUIPMENT
(60) DISTRICT 25 D 108 CANTERBURY CT, ANDERSON, IN 46012-3907	31-0949232	501 (C) 4	10,995				PURCHASE VISION SCREENING EQUIPMENT
(61) AMERICUS LIONS CLUB PO BOX 6254, AMERICUS, GA 31709	58-6038025	501 (C) 4	10,000				TORNADO RELIEF
(62) DISTRICT 4 A2 38207 SHOREWOOD LANE, SQUAW VALLEY, CA 93675	23-7086254	501 (C) 4	10,000				WILDFIRE RELIEF
(63) DISTRICT 14 M 206 HEINBAUGH ST, CONFLUENCE, PA 15424	23-7179780	501 (C) 4	10,000				FLOOD RELIEF
(64) DISTRICT 14 E 2908 ROUTE 982, MOUNT PLEASANT, PA 15666	23-7295767	501 (C) 4	10,000				EQUIP LIONS SIGHT AND HEARING PROGRAM
(65) DISTRICT 35 L 150 RIVERSHORE DRIVE, SAN MATEO, FL 32187	23-7330297	501 (C) 4	10,000				HURRICANE RELIEF
(66) DISTRICT 26 M5 P.O. BOX 386, OSAWATOMIE, KS 66064	27-1314487	501 (C) 4	10,000				TORNADO RELIEF
(67) DISTRICT 35 N 16455 SW 236TH STREET, HOMESTEAD, FL 33031	27-2753280	501 (C) 4	10,000				HURRICANE RELIEF
(68) DISTRICT 32 C 1002 N. PARK ST. EXT., MULLINS, SC 29574	30-0327084	501 (C) 4	10,000				HURRICANE RELIEF
(69) DISTRICT 25 D 108 CANTERBURY CT, ANDERSON, IN 46012-3905	31-0949232	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
(70) DISTRICT 2 X2 2001 LAKESIDE, BONHAM, TX 75418	36-3204821	501 (C) 4	10,000				TORNADO RELIEF
(71) DISTRICT 26 M2 6347 MARDEL AVE, ST LOUIS, MO 63109	43-6036432	501 (C) 4	10,000				FLOOD RELIEF
(72) DISTRICT 25 E 1206 E. MAIN STREET, PETERSBURG, IN 47567	46-1983200	501 (C) 4	10,000				TORNADO RELIEF
(73) DISTRICT 8 O 502 CHENEAU RD, KAPLAN, LA 70548	46-3408569	501 (C) 4	10,000				FLOOD RELIEF
(74) DISTRICT 1 BK 262 BROADWAY, MARSEILLES, IL 61341	47-1879591	501 (C) 4	10,000				TORNADO RELIEF
(75) DISTRICT 32 B 333 SPRINGHOUSE DRIVE, AIKEN, SC 29803	57-0761379	501 (C) 4	10,000				HURRICANE RELIEF
(76) DISTRICT 4 C6 %CABRILLO HOST LC, APTOS, CA 95001 0094	77-0324761	501 (C) 4	10,000				WILDFIRE RELIEF
(77) DISTRICT 21 B 2871 N. MELPOMENE DR., TUCSON, AZ 85749	86-0399553	501 (C) 4	10,000				FLOOD RELIEF
(78) DISTRICT 8 N 59526 BADON ST, SLIDELL, LA 70460	90-0620515	501 (C) 4	10,000				FLOOD RELIEF
(79) DISTRICT 30 S 87122 GOLF CLUB DRIVE, DIAMONDHEAD, MS 39525	26-2492853	501 (C) 4	10,000				TORNADO RELIEF
(80) DISTRICT 31 S 7014 WEXFORD WOODS TRL, RALEIGH, NC 27613 7059	47-4491571	501 (C) 4	9,964				HURRICANE RELIEF
(81) DISTRICT 7 O 2811 WOOD ST, JONESBORO, AR 72401 7032	51-0177276	501 (C) 4	9,757				FLOOD RELIEF
(82) DISTRICT 17 K 903 DELAY ST, DOWNS, KS 67437	47-0973669	501 (C) 4	9,692				WILDFIRE RELIEF
(83) DISTRICT 26 M3 937 BROADMOOR LN, SAINT CHARLES, MO 63301-6203	26-2780017	501 (C) 4	9,471				DISASTER PREPAREDNESS
(84) DISTRICT 9 NE 904 8TH AVE, BELLE PLAINE, IA 52208	23-7309647	501 (C) 4	9,240				TORNADO RELIEF
(85) DISTRICT 12 N 709 SHANNONDALE WAY, MARYVILLE, TN 37803	23-7215448	501 (C) 4	9,177				WILDFIRE RELIEF
(86) DISTRICT 12 O 229 COUNTY ROAD 616, ATHENS, TN 37303	51-0170754	501 (C) 4	8,806				TORNADO RELIEF
(87) DISTRICT 35 O 2385 CARRIAGE RUN RD, KISSIMMEE, FL 34741	23-7332945	501 (C) 4	8,375				FLOOD RELIEF
(88) DISTRICT 1 CS 3504 HIGHLAND AVE, CAIRO, IL 62914	51-0199783	501 (C) 4	7,124				TORNADO RELIEF
(89) DISTRICT 4 C1 1010 NORTHGATE, WILLOWS, CA 95988	23-7327243	501 (C) 4	7,103				DISASTER PREPAREDNESS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<sup>(90)</sup> DISTRICT 26 M1 41160 MARIES ROAD 633, DIXON, MO 65459	43-6051716	501 (C) 4	6,013				TORNADO RELIEF

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE GAVI CAMPAIGN: LCIF- GAVI PARTNERSHIP TO SUPPORT MEASLES IMMUNIZATION PROGRAMS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LCI DIABETES PILOT PROJECTS PROGRAM: LCI DIABETES PILOT PROJECTS PROGRAM IS A BLOCK GRANT TO FUND MANY SMALLER PILOT ACTIVITIES THAT SUPPORT THE LIONS NEW GLOBAL INITIATIVE, DIABETES.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	KIDSIGHT USA BLOCK GRANT: KIDSIGHT USA BLOCK GRANT II IS A BLOCK GRANT TO FUND MANY SMALL INDIVIDUAL PROJECTS THAT SUPPORT CHILDHOOD VISION SCREENING.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LIONS QUEST COMMUNITY PARTNERSHIP: LIONS QUEST COMMUNITY PARTNERSHIP GRANTS. THIS IS A BLOCK GRANT TO FUND MANY SMALL INDIVIDUAL PROJECTS THAT PROMOTE GROWTH OF THE LIONS QUEST PROGRAM. THE GRANTEEES HAVE NOT YET BEEN DETERMINED.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 12 O: LOW VISION REHABILITATION PROJECT IN TENNESSEE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MULTIPLE DISTRICT 22: LIONS LOW VISION REHABILITATION NETWORK
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MULTIPLE DISTRICT 33: LOW VISION REHABILITATION PROJECT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 20 R1: CONSTRUCT VOCATIONAL REHABILITATION CENTER
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DISTRICT 27 B1: EQUIP HANDICAPPED ACCESSIBLE PLAYGROUND
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 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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

LIONS CLUBS INTERNATIONAL FOUNDATION

Employer identification number

23-7030455

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input 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>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	✓	
<p><b>3</b> Indicate which, if any, of the following the 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><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p> <b>a</b> Receive a severance payment or change-of-control payment? . . . . .  <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .                      If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.                 </p>		✓
		✓
		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p> <b>a</b> The organization? . . . . .  <b>b</b> Any related organization? . . . . .                      If "Yes" on line 5a or 5b, describe in Part III.                 </p>		✓
		✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p> <b>a</b> The organization? . . . . .  <b>b</b> Any related organization? . . . . .                      If "Yes" on line 6a or 6b, describe in Part III.                 </p>		✓
		✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	REBECCA DAOU	(i)	191,580	0	5,848	29,624	26,023	253,075	0
	LCIF EXECUTIVE ADMINISTRATOR	(ii)	0	0	0	0	0	0	0
2	NATHAN MILES	(i)	137,289	0	60	8,320	7,976	153,645	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
<p>SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL</p>	<p>1. FIRST CLASS AIRFARE IS AUTHORIZED FOR EXECUTIVE OFFICERS, DUE TO THEIR EXTENSIVE TRAVEL REQUIREMENTS, AND IS NOT TAXABLE TO THEM.                  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>
<p>SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS</p>	<p>TRAVEL EXPENSES FOR A COMPANION ACCOMPANYING THE TWO PRESIDENTIAL APPOINTEES TO THE LCIF BOARD OF TRUSTEES, WHEN ATTENDING THE LCIF EXECUTIVE COMMITTEE MEETINGS THAT IMMEDIATELY PRECEDE THE LCI BOARD OF DIRECTORS MEETINGS, WILL BE REIMBURSED ACCORDING TO LIONS CLUBS INTERNATIONAL FOUNDATION'S GENERAL REIMBURSEMENT RULES IF THE COMPANION IS PRESENT AT SCHEDULED LIONS CLUBS INTERNATIONAL FUNCTIONS AND EVENTS, AND WILL NOT BE TAXABLE TO THEM. REIMBURSEMENT WILL NOT BE PROVIDED IF THE COMPANION DOES NOT ATTEND SCHEDULED FUNCTIONS AND EVENTS.</p> <p>TRAVEL EXPENSES FOR A COMPANION ACCOMPANYING THE LCIF EXECUTIVE ADMINISTRATOR WILL BE REIMBURSED ACCORDING TO LIONS CLUBS INTERNATIONAL FOUNDATION'S GENERAL REIMBURSEMENT RULES AND IS TAXABLE TO THEM.</p> <p>IN ADDITION, THE LCIF CHAIRPERSON MAY AUTHORIZE TRAVEL ON BEHALF OF LCIF, INCLUDING COMPANION TRAVEL, PROVIDED SUCH TRAVEL IS IN ACCORDANCE WITH THE GENERAL REIMBURSEMENT POLICY AND THE EXPENSE IS COVERED WITHIN THE LCIF BUDGET.</p>

**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.

**2016**

Open to Public Inspection

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

Employer Identification Number  
**23-7030455**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>* TRAINING OF OVER 1.57 MILLION OPHTHALMOLOGISTS, OPTOMETRISTS, OPHTHALMIC NURSES, COMMUNITY HEALTH WORKERS AND OTHER RELATED PERSONNEL</p> <p>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.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$3,836,134 INCLUDING GRANTS OF \$1,741,649)(REVENUE \$410,842)</p> <p>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 650,000 EDUCATORS IN MORE THAN 100 COUNTRIES HAVE BEEN POSITIVELY IMPACTED THROUGH THIS PROGRAM.</p>
FORM 990, PART V, LINE 2 - NUMBER OF EMPLOYEES REPORTED ON W-3	<p>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 56 EMPLOYEES, THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS, THE COMMON PAYING AGENT, REPORTED 332 EMPLOYEES ON FORM W-3 FOR 2016.</p>
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>IN AUGUST 2016, THE BOARD OF TRUSTEES APPROVED THE AMENDMENT OF THE FOUNDATION'S BYLAWS TO REFLECT THE CHANGE IN THE COMPOSITION OF THE EXECUTIVE COMMITTEE TO A TEN MEMBER COMMITTEE.</p> <p>IN MAY 2017, THE BOARD APPROVED AN AMENDMENT TO THE BYLAWS TO REFLECT THAT THE LCIF EXECUTIVE COMMITTEE HAS THE AUTHORITY TO APPOINT MEMBERS TO THE LCIF BOARD OF TRUSTEES.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>1. THE LCIF MANAGER OF FINANCIAL PLANNING AND ANALYSIS IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990. THE LIONS CLUBS INTERNATIONAL FOUNDATION EXECUTIVE ADMINISTRATOR AND LIONS CLUBS INTERNATIONAL TREASURER ALSO REVIEW.</p> <p>2. THE LCIF FINANCE COMMITTEE REVIEWS THE DRAFT TAX RETURN AT ITS JANUARY MEETING. ALSO, A COMPLETED FORM 990 WILL BE PROVIDED TO THE FOUNDATION'S BOARD OF TRUSTEES VIA A SECURE WEBSITE. ALL QUESTIONS AND CONCERNS WILL BE ADDRESSED BY STAFF OF LIONS CLUBS INTERNATIONAL FOUNDATION PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>BY BOARD POLICY, EACH MEMBER OF THE BOARD OF TRUSTEES, INCLUDING APPOINTEES, KEY MANAGEMENT PERSONNEL, AND ALL EMPLOYEES ARE REQUIRED TO SUBMIT AN ANNUAL STATEMENT ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY AND THEIR INDIVIDUAL COMPLIANCE. THE ANNUAL STATEMENT IS SUBMITTED TO THE LIONS CLUBS INTERNATIONAL FINANCE AND HEADQUARTERS OPERATION COMMITTEE FOR REVIEW.</p> <p>PROCEDURES:</p> <p>1. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE INTERESTED PERSON (AN INDIVIDUAL THAT HAS A DIRECT OR INDIRECT FINANCIAL INTEREST) MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.</p> <p>2. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.</p> <p>3. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ASSOCIATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE ASSOCIATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.</p>

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S SALARY ADMINISTRATION (NOTE: SALARY REVIEW IS ADMINISTERED BY LIONS CLUBS INTERNATIONAL ON BEHALF OF LIONS CLUBS INTERNATIONAL FOUNDATION.)</p> <p>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.</p> <p>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.</p> <p>3. THE SALARY REVIEW PROCESS IS CONTEMPORANEOUSLY DOCUMENTED</p>					
FORM 990, PART VI, LINE 15B - PROCESS FOR ESTABLISHING COMPENSATION	THE FOUNDATION DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES; THEREFORE, THIS QUESTION HAS BEEN INTENTIONALLY CHECKED "NO."					
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WI, WV					
FORM 990, PART VI, LINE 18 - PUBLIC DISCLOSURE	<p>LIONS CLUBS INTERNATIONAL FOUNDATION'S FORM 990 IS AVAILABLE BY USING THE SEARCH ENGINE ON THE WEBSITE AT WWW.LCIF.ORG.</p> <p>THE FOUNDATION'S FORM 990-T AND FORM 1023 ARE NOT AVAILABLE ON THE FOUNDATION'S WEBSITE; HOWEVER, THE 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"> <thead> <tr> <th data-bbox="464 926 1304 953">(a) Description</th> <th data-bbox="1308 926 1515 953">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 959 1304 1018">RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS</td> <td data-bbox="1308 959 1515 1018">3,458,108</td> </tr> </tbody> </table>		(a) Description	(b) Amount	RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	3,458,108
	(a) Description	(b) Amount				
RECOVERIES OF PRIOR YEAR GRANTS NETTED AGAINST GRANT EXPENSE ON AUDITED FINANCIAL STATEMENTS	3,458,108					

**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.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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) .....									
(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.

**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	M	2,660,029	COST
(1) THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	P	4,757,100	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	✓	