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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning **July 1**, 2010, and ending **June 30**, 20 **11****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**Lions Clubs International - Carson City Host Lions Club**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 825

Room/suite

City or town, state or country, and ZIP + 4

Carson City, Nevada 89702-0825**D** Employer identification number**88-6005669****E** Telephone number**775-885-1502****F** Group ExemptionNumber ▶ **0239****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Website: ▶**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$

90820.67**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	17665.05
	4	Investment income	4	20.56
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ none of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	72530.66
	c	Less: direct expenses from gaming and fundraising events	6c	49446.14
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23084.52
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	604.40
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41374.53
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	20942.29
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	286.30
	16	Other expenses (describe in Schedule O)	16	19230.37
	17	Total expenses. Add lines 10 through 16	17	40458.96
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	915.57
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41971.98
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42887.55

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b NONE	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	<input type="checkbox"/>	<input type="checkbox"/>
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ NONE	<input type="checkbox"/>	<input type="checkbox"/>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ Not required by the state of Nevada	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of ▶ D. Mickelson, Treasurer Telephone no. ▶ 775-885-1502 Located at ▶ 4450 Meadowwood Road, Carson City, Nevada ZIP + 4 ▶ 89703-9494	<input type="checkbox"/>	<input type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	<input type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶	<input type="checkbox"/>	<input type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	<input type="checkbox"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		<input checked="" type="checkbox"/>

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45a		<input checked="" type="checkbox"/>
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		<input checked="" type="checkbox"/>
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Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **NONE**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **NONE**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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

Sign Here *D. Mickelson, Treasurer* **Date** 10/14/11
 Signature of officer
D. Mickelson, Treasurer
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name Firm's EIN
 Firm's address Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Lions Clubs International - Carson City Host Lions Club

Employer identification number

88-6005669

SEE SCHEDULE ATTACHED - In support of Part III - Page 2 Lines 28(a) and 31(a) and, Part I, Line 10

Listing of expenses incurred 15363.29

Amounts paid for eye glasses, eye examinationa

and other sight related medical procedures 5579.00

Total Program Service Expenses 20942.29

SEE SCHEDULE ATTACHED - In support of Other Expenses - Part I, Page 1, Line 16

Expenses paid from the Administrative Fund 19230.37

**LIONS CLUBS INTERNATIONAL
CARSON CITY HOST LIONS CLUB**

Attachment - Form 990 EZ
FYE June 30, 2011
88-6005669

Part I - Page 1

Lines 6 - (b) (c) (d)

	Gross Revenue	Direct Expense	Net Income
Boy's Basketball tournament	4,161.25	2,510.63	1,650.62
Belt Buckle - Project #2	393.00		393.00
City of Hope cannister	275.84	300.00	(24.16)
Youth Fishing Day	991.50	2,165.50	(1,174.00)
Crab Feed	22,318.01	10,732.07	11,585.94
Nevada Day activities	2,008.95	1,000.00	1,008.95
Other projects and donations	584.00		584.00
Paper bins	635.95		635.95
Sees Candy Project	41,162.16	32,737.94	8,424.22
White Cane Days	0.00		0.00
Totals	72,530.66	49,446.14	23,084.52

Part I - Page 1 - Line 4 - Interest Income

Administrative fund	0.00
Activities fund	0.54
Scholarship fund	20.02
	<u>20.56</u>

Part III - Page 2 Lines 28(a) and 31(a) - Part I - Line 10 - And, Schedule O

Discovery Blind Sports	350.00
Student speaker awards and meal cost	232.44
Carson City Host Lions Club - Scholarship payments	4,000.00
Carson City Boys & Girls Club	1,000.00
Carson City Public Library	100.00
Flag day program	378.00
Carson High School - Safe Graduation Program	500.00
Leader Dog School for the Blind	500.00
Lions Camp Dat-So-La-Lee	1,665.79
LCIF - Campaign Sightfirst II	1,000.00
Lions Eye Foundation of Nevada/California	360.00
Lions in Sight	562.50
Lions of District 46 - Student Speakers Contest & Foundation	1,000.00
Lions Project for Canine Companions (LPCCI)	1,000.00
Northern Nevada Children's Museum	1,000.00
Selliger School - Music program	150.00
FISH - Christmas baskets	400.00
Teen Challenge	200.00
Visionscope Groups (Including Computer Corps donation of 100.00)	250.00
Office Supplies	71.96
Storage Shed Rental	642.60
Total - Line 31(a)	<u>15,363.29</u>
Line 28(a) - Eye glasses, examinations and eye related medical procedures	<u>5,579.00</u>
Grand Total - Part III - Line 32	<u>20,942.29</u>

**LIONS CLUBS INTERNATIONAL
CARSON CITY HOST LIONS CLUB**

Attachment - Form 990 EZ
FYE June 30, 2011
88-6005669

Part I - Page 1 Line (16) - Other Expenses

Meals	7,065.00
Lions Clubs International - Dues / Initiation fees	1,681.20
Lions Clubs International - Supplies and awards	1,211.81
Cost of other supplies and pins	46.75
District 46 - Dues	912.00
District 46 - Convention and cabinet meeting allowance	799.98
District 46 - Directory and convention ads	335.00
Attendance pot - Winner expense	213.50
Honorariums	1,200.00
Lions parties and banquets	4,226.75
Lions christmas raffle	954.50
Convention food fair expense	35.80
Photography & scrapbook expense	65.72
State of Nevada - Annual filing fee	25.00
Family picnic	94.74
Office supplies and expense	315.62
Waitress Christmas tip (Net)	47.00
Miscellaneous expense	0.00
	<u>19,230.37</u>

Part I - Page 1 - Line 8 - Other Revenues

Bulletin advertising	400.00
Sale of Lions supplies and pins	204.40
	<u>604.40</u>

Part I - Page 1 - Line 3

Membership dues and assessments

Member dues	3,018.50
Tail twister fines & auctions	540.80
International initiation fees	150.00
Christmas raffle	1,537.25
Meals	7,068.25
Lions parties and banquets	4,617.00
Attendance pot	214.75
Miscellaneous income	27.50
50/50 drawing pot	491.00
	<u>17,665.05</u>

**LIONS CLUBS INTERNATIONAL
CARSON CITY HOST LIONS CLUB**

Attachment - Form 990 EZ FYE June 30, 2011 88-6005669

<u>Part V-A - List of Officers & Directors</u>	<u>Title</u>	<u>Compensation</u>	<u>Employee Benefit Plan</u>	<u>Expense Account/ Allowance</u>
Mark Coleman Carson City, Nevada	President	None	None	None
John Merkouris Carson City, Nevada	1st Vice Pres.	None	None	None
Phil Christopherson Carson City, Nevada	2nd Vice Pres	None	None	None
Mel Cooper Carson City, Nevada	Secretary	None	None	None
Doug Mickelson Carson City, Nevada	Treasurer	None	None	None
Kathy McClintock Carson City, Nevada	Tail Twister	None	None	None
Tom Parcels Dayton, Nevada	Lion Tamer	None	None	None
Steve Lasco Carson City, Nevada	Director	None	None	None
Cal Mickelson Carson City, Nevada	Director	None	None	None
Mike Miller Carson City, Nevada	Director	None	None	None
Ray Masayko Carson City, Nevada	Director	None	None	None
Kathy McClintock Carson City, Nevada	Immediate Past Pres.	None	None	None
Gene Bails Carson City, Nevada	Membership Chairperson	None	None	None