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# Form. 990

## **Return of Organization Exempt From Income Tax**

. Totalli or organization Exempt From mooning tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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.

| _                       | nal Revenu    |             | information about Form 990 and its instructions is at www.irs  | <del></del>                     | 2017                                  |
|-------------------------|---------------|-------------|--|---------------------------------|---------------------------------------|
|                         |               |             | endar year, or tax year beginning Jul 01, 2016, and er   |                                 | 2017 dentification number             |
| _                       |               | applicable  | C Name of organization Lions Club 14257 Kodiak   | D Employer id                   | uenuncation Number                    |
| _J,                     | Address o     | nange       | Doing business as  Number and street (or PO box if mail is not delivered to street address) Room/suite |                                 | 1 4 1                                 |
| <u></u>                 | Name cha      | ange        |  | 92-60031<br>E Telephone n       | 141                                   |
| =                       |               |             | Box 1735 State ZIP code  | •                               |                                       |
| <u></u> '               | Initial retu  | ırn         | City or town State ZIP code  Kodiak AK 99615   | 907-486-                        | -2550                                 |
| _],                     | Final return/ | terminated/ | Foreign country name Foreign province/state/country Foreign postal                                     | coda                            | <del></del>                           |
| <u> </u>                | Amended       |             | Poleigh country hame Poleigh province/state/county Poleigh postar                                      | G Gross receip                  | pts \$ 169332.                        |
| ∹′                      | Amenaea       | return      |  | O Gloss recei                   |                                       |
| _],                     | Applicatio    | n pending   | F Name and address of principal officer Joyce Gregory  | H(a) is this a group return for | r subordinates? Yes X No              |
|                         |               |             | 422 E Marmot W KODIAK AK 99615   | H(b) Are all subordinates       | included? Yes No                      |
| 1                       | ax-exemp      | ot status   | 501(c)(3) X 501(c) (4 ) ◀ (insert no ) 4947(a)(1) or 527   | If "No," attach a list          | (see instructions)                    |
|                         | Nebsite       |             |  | H/a) Craus avamption no         | umbar N                               |
|                         |               |             |  | H(c) Group exemption nu         |                                       |
| KF                      | orm of or     | ganization  | X Corporation Trust Association Other ► L Year   | of formation 1965               | M State of legal domicile AK          |
| F                       | Part I        | Sui         | mmary  |                                 |                                       |
|                         | 1             | Briefly d   | escribe the organization's mission or most significant activities Cha                                  | ritable and                     | educational                           |
| ŝ                       |               | progr       | •  |                                 |                                       |
| Activities & Governance |               |             |  |                                 | · · · · · · · · · · · · · · · · · · · |
| L e                     | 2             | Chaplet     | nic how. A C if the expension discontinued its energians or disposes                                   | d of more than 2504             | of its not assets                     |
| Š                       | ,             |             | nis box • if the organization discontinued its operations or disposed                                  | on more than 25% t              |                                       |
| 9                       | 3             |             | of voting members of the governing body (Part VI, line 1a)   | }-                              | 3 11                                  |
| ŝ                       | 4             |             | of independent voting members of the governing body (Part VI, line 1b)                                 | ļ-                              | 4 11                                  |
| ŝ                       | 5             | Total nu    | mber of individuals employed in calendar year 2016 (Part V, line 2a)                                   | ļ_                              | 5                                     |
| ₹                       | 6             |             | mber of volunteers (estimate if necessary)   | L                               | <b>6</b> 50                           |
| Ă                       | 7a            | Total un    | related business revenue from Part VIII, column (C), line 12   | L                               | 7a                                    |
| _                       | b_            | Net unfe    | lated business taxable income from Form 990-T, line 34   |                                 | 7b                                    |
|                         |               | 14          | 1/ 1/01/2 (5/1)  | Prior Year                      | Current Year                          |
| a)                      | 8             | Contribu    | itions and grants (Part ) 41- 1  | -1.504                          | 7. 12794.                             |
| Revenue                 | 9             |             | service revenue (Part V/) in 2g)   | 2839                            |                                       |
| Š                       | 10            |             | ent income (Part VIII, column (A), lines 3, 4, and 7d)   |                                 |                                       |
| æ                       | 11            |             | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                       | 10009                           | 2. 75739.                             |
|                         | 12            |             | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                | 14353                           |                                       |
|                         | 13            |             | and similar amounts:paid (Part IX, column (A), lines 1–3)  | 8246                            |                                       |
|                         | 1             |             |  | 0240                            | 14322.                                |
|                         | 14            |             | paid to or for members (Part IX, column (A), line 4)   | <del> </del>                    |                                       |
| es                      | 15            |             | other compensation, employee benefits (Part IX, column (A), lines 5–10)                                |                                 |                                       |
| Si                      | 16a           |             | onal fundraising fees (Part IX, column (A), line 11e)  |                                 |                                       |
| Expenses                | b             |             | ndraising expenses (Part IX, column (D), line 25) ▶  |                                 |                                       |
| Ш                       | 17            |             | rpenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 5700                            |                                       |
|                         | 18            | Total ex    | penses Add lines 13–17 (must equal Part IX, column (A), line 25)                                       | 13947                           | 1. 119450.                            |
|                         | 19            | Revenu      | e less expenses Subtract line 18 from line 12  | 406                             | 0. -18725.                            |
| 50                      | 3             |             |  | Beginning of Current            | Year End of Year                      |
| Net Assets or           | 20            | Total as    | sets (Part X, line 16)   | 6558                            | 9. 46001.                             |
| ASS                     | 21            |             | bilities (Part X, line 26)   | 86                              |                                       |
| ž                       | 22            |             | ets or fund balances Subtract line 21 from line 20   | 6472                            | <del></del>                           |
| Ð                       | art II        |             | nature Block   |                                 |                                       |
| _                       |               |             | y, I declare that I have examined this return, including accompanying schedules and statemer           | its and to the hest of my l     | knowledge                             |
|                         | •             |             | ect, and complete Declaration of preparer (other than officer) is based on all information of wh       | ·                               |                                       |
|                         | •             |             | Jours Klorager   |                                 |                                       |
| Si                      |               | <b>  7</b>  | Signature of officer,  | Date                            |                                       |
| He                      |               |             | Mayor AXINCON Treasurer  | 1                               | 1/7/17                                |
| 1                       |               |             |  |                                 | ·/-/-/                                |
| ٠.                      |               | 10-         | Type of pythyname and title  | Date                            | PTIN                                  |
| Ď~                      | id            |             | VTVp6 preparer's name  | Date                            | eck X if Pin                          |
| Pa                      |               | Te          | come Selby Jerome Selby  |                                 | If-employed P01218543                 |
|                         | eparer        | · [         |  | 12070072021                     |                                       |
| Us                      | se Only       | y —         | n's name ► Kodiak Tax Service  |                                 | 92-0078275                            |
|                         |               | Firm        | o's address ▶ PO Box 1962 KODIAK AK 9  | 9615 Phone no 9                 | 007-486-4833                          |
| Ма                      | v the IF      | RS discu    | ss this return with the preparer shown above? (see instructions)                                       |                                 | X Yes No                              |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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| Form 9 | 990 (2016)                              | Lions Club 14257 Kodiak  | 92-6003141 Page <b>2</b> |
|--------|---|--|--------------------------|
| Pa     | rt ili                                  | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  |                          |
| 1      | Briefly d                               | describe the organization's mission  |                          |
|        | Chari                                   | itable and educational programs  |                          |
|        |   |  |                          |
|        |   |  |                          |
| 2      | the prior                               | organization undertake any significant program services during the year which were not listed our Form 990 or 990-EZ?  ' describe these new services on Schedule O                                 | n Yes X No               |
| 2      |   | organization cease conducting, or make significant changes in how it conducts, any program   |                          |
| 3      | services                                |  | Yes X No                 |
|        | If "Yes,"                               | describe these changes on Schedule O   |                          |
| 4      |   | e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and |                          |
|        | the total                               | l expenses, and revenue, if any, for each program service reported   |                          |
| 4a     | (Code                                   | )(Expenses \$ 119450. including grants of \$ )(Reversitable and educational programs   | nue \$)                  |
|        | Ond I                                   | readic una conductional programs   |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   | •••••••••••••••••••••••••••••••••••••••  |                          |
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|        |   |  |                          |
|        |   |  |                          |
|        | (O - 1 -                                | \/\(\tau_{\text{constant}}\)   |                          |
| 40     | (Code                                   | ) (Expenses \$ including grants of \$) (Rever  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
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|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
| 4c     | (Code                                   | ) (Expenses \$ including grants of \$ ) (Rever   | nue \$)                  |
|        |   | •••••••••••••••••••••••••••••••••••••••  |                          |
|        | • | •••••••••••••••••••••••••••••••••••••••  |                          |
|        |   | •••••••••••••••••••••••••••••••••••••••  |                          |
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|        |   | ***************************************  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
| 4d     | -                                       | program services (Describe in Schedule O )   | <u> </u>                 |
|        | (Expens                                 | regram service expenses including grants of \$ ) (Revenue \$   |                          |

| Part IV | Checklist of Required Sched |  |
|---------|-----------------------------|--|
|         |                             |  |
|         |                             |  |
|         |                             |  |
|         |                             |  |

| ı   | •   | - 1 | res | No   |
|-----|---|-----|-----|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   |     | Х  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                          |     |     | X  |
|     |   | 3   |     | <u> </u>   |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                  | 4   |     |  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |     |     |  |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   | 5   | Χ   |  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   |     |     | _  |
| •   | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | F-1 |     | <del>                                     </del> |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | <u>x</u>   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | Х  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   |     |     |  |
|     | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                | 9   |     | Х  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted   |     |     |  |
|     | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete   |     |     |  |
|     | Schedule D, Part VI   | 11a |     | Χ  |
| 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? If "Yes," complete Schedule D, Part VII  | 11b |     | X  |
| С   | 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? If "Yes," complete Schedule D, Part VIII         | 11c |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                          | 11d |     | Х  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e |     | X  |
|     | 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)? If "Yes," complete Schedule D, Part X  | 11f |     | Х  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |     | Х  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"   |     |     |  |
|     | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .   | 12b |     | Х  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | Х  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | Χ  |
|     | 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? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | Х  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   |     |     |  |
| 16  | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV          | 16  |     | Х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17  |     | Х  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                | 18  |     | Х  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |     |     | <u> </u>   |
|     | If "Yes," complete Schedule G, Part III   | 19  | X   | <u> </u>   |
|     |   |     | 990 | (2016)   |

Part IV

|             | ••  |           | Yes      | No           |
|-------------|---|-----------|----------|--------------|
| 20a         | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .   | 20a       |          | X            |
| þ           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b       |          | <u> </u>     |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   | i i       |          | 1            |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .   | 21        | X        | <b></b>      |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                             | 22        |          | X            |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   |           |          |              |
|             | organization's current and former officers, directors, trustees, key employees, and highest compensated   |           |          |              |
|             | employees? If "Yes," complete Schedule J  | 23        |          | <u>X</u>     |
| 24a         | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |           |          |              |
|             | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines   | ]         |          | 1            |
|             | 24b through 24d and complete Schedule K If "No," go to line 25a   | 24a       |          | X            |
|             | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |          |              |
| С           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |           |          | 1            |
|             | to defease any tax-exempt bonds?  Did the exemptation act as an "lon helpfief" locusor for hands outstanding at any time during the vices?  | 24c       |          | ├—           |
|             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240       |          | <del> </del> |
| <b>Z</b> Ja | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a       |          | Х            |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a  | 1200      |          | <del></del>  |
| -           | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or  |           |          |              |
|             | 990-EZ? If "Yes," complete Schedule L, Part I   | 25b       |          | X            |
| 26          | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any  |           |          |              |
|             | current or former officers, directors, trustees, key employees, highest compensated employees, or   |           |          | Ì            |
|             | disqualified persons? If "Yes," complete Schedule L, Part II  | 26        |          | X            |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,  |           |          | İ            |
|             | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                      | 27        |          | X            |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L,   | 21        | -        | <u> </u>     |
|             | Part IV instructions for applicable filing thresholds, conditions, and exceptions)  | 1 .       |          | ļ            |
| а           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a       |          | Х            |
| b           | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  |           |          |              |
|             | Schedule L, Part IV   | 28b       |          | X            |
| С           | 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? If "Yes," complete Schedule L, Part IV  | 28c       | -        | X            |
| 29<br>20    | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29        |          | Х            |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                       | 30        |          | X            |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,   | 30        |          | 1            |
| ٠.          | Part I  | 31        |          | X            |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?   |           |          |              |
|             | If "Yes," complete Schedule N, Part II  | 32        |          | X            |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |           |          |              |
| •           | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33        |          | X            |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 24        |          | X            |
| 35.         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 34<br>35a |          | X            |
|             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled  | Joa       |          |              |
|             | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       |          |              |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related  |           |          |              |
|             | organization? If "Yes," complete Schedule R, Part V, line 2   | 36        |          | <u>L</u> _   |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |           |          |              |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part   | 1         |          |              |
|             | VI  | 37        | <u> </u> | X            |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  | 1         | ,,       | }            |
|             | 19? Note. All Form 990 filers are required to complete Schedule O   | 38        | X        | (2016)       |
|             |   | Form      | 990      | (2016)       |

|     |   | -        |              |          |
|-----|---|----------|--------------|----------|
|     | 90 (2016) Lions Club 14257 Kodiak 92-6  t V Statements Regarding Other IRS Filings and Tax Compliance   | 0031     | 416          | Page 5   |
|     | · Check if Schedule O contains a response or note to any line in this Part V  |          | _            |          |
|     |   |          | Yes          | No       |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 4        | !            | l        |
| ь   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b   | 4        | 1            | }        |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c       | х            |          |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |          |              |          |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a  |          | l            | 1        |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | <u> </u>     | <u> </u> |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          |              |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |              | X        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b       |              |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | - [      |              | İ        |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  |          | 1            | 1        |
|     | account)?   | 4a_      |              | X        |
| b   | If "Yes," enter the name of the foreign country   |          | ļ            | ļ        |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |          |              |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |              | X        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |              | X        |
| C   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5с       | L            |          |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a       |              | Х        |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |          | 1            |          |
|     | gifts were not tax deductible?  | 6b       |              | <u> </u> |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |          |              |          |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       |              |          |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |              |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |              |          |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |          |              |          |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |              | İ        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |              |          |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |              | 1        |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |              |          |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |          |              |          |
|     | sponsoring organization have excess business holdings at any time during the year?  | 8        | <u>.</u>     |          |
| 9   | Sponsoring organizations maintaining donor advised funds.   |          |              |          |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       | <u></u>      | <u>L</u> |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |              |          |
| 10  | Section 501(c)(7) organizations. Enter  |          | }            |          |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  |          |              |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]   | _        |              | 1        |
| 11  | Section 501(c)(12) organizations. Enter   |          |              |          |
| а   | Gross income from members or shareholders   | _        |              |          |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources  |          |              |          |
|     | against amounts due or received from them )   | 4        |              | 1        |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      | <del> </del> | <u> </u> |
| ь   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]   | -        |              |          |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  | <u> </u> | <del> </del> | <b>↓</b> |
| 2   | Is the organization licensed to issue qualified health plans in more than one state?  | 1170     | 1            | 1        |

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

14a

14b

13b 13c

|      | Check if Schedule O Contains a response of note to any line in this Fait VI.  | <u> </u>                | :               | ·     |           |  |  |  |  |
|------|---|-------------------------|-----------------|-------|-----------|--|--|--|--|
| Sect | ion A. Governing Body and Management  |                         | - <del></del> - | · · · |           |  |  |  |  |
| 4    |   | . 11                    |                 | Yes   | No        |  |  |  |  |
| та   | Enter the number of voting members of the governing body at the end of the tax year   | <b>1a</b> 11            | 1               |       | 1         |  |  |  |  |
|      | 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  | 11                      | 1 1             |       | Ì         |  |  |  |  |
| b    | , , ,   |                         |                 |       |           |  |  |  |  |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relation                         | onship with             |                 |       | Х         |  |  |  |  |
|      | any other officer, director, trustee, or key employee?  |                         |                 |       |           |  |  |  |  |
| 3    |   |                         |                 |       |           |  |  |  |  |
|      | supervision of officers, directors, or trustees, or key employees to a management company or o                                | ther person?            | 3               |       | X         |  |  |  |  |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 vi                      |                         | 4               |       | Х         |  |  |  |  |
| 5    | Did the organization become aware during the year of a significant diversion of the organization                              | s assets?               | 5               |       | Χ         |  |  |  |  |
| 6    | Did the organization have members or stockholders?  |                         | 6               |       | Χ         |  |  |  |  |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect                                  | or appoint              |                 |       |           |  |  |  |  |
|      | one or more members of the governing body?  |                         | 7a              | _     | X         |  |  |  |  |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members                              | ers,                    |                 |       |           |  |  |  |  |
|      | stockholders, or persons other than the governing body?   |                         | 7b              |       | X_        |  |  |  |  |
| 8    | Did the organization contemporaneously document the meetings held or written actions underta                                  | ken during              |                 |       |           |  |  |  |  |
|      | the year by the following   |                         | 1 1             |       |           |  |  |  |  |
| а    | The governing body?   |                         | 8a              | Χ     | <u></u>   |  |  |  |  |
| b    | Each committee with authority to act on behalf of the governing body?   |                         | 8b              |       | X         |  |  |  |  |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b                          | e reached               |                 |       |           |  |  |  |  |
|      | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (                                | )                       | 9_              |       | X         |  |  |  |  |
| Sect | ion B. Policies (This Section B requests information about policies not required by the                                       | nternal Revenue C       | ode)            |       |           |  |  |  |  |
|      |   |                         |                 | Yes   | No        |  |  |  |  |
| 10a  | Did the organization have local chapters, branches, or affiliates?  |                         | 10a             |       | X         |  |  |  |  |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of suc                           |                         |                 |       |           |  |  |  |  |
|      | affiliates, and branches to ensure their operations are consistent with the organization's exempt                             |                         | 10b             |       | X         |  |  |  |  |
|      | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? |                         |                 |       |           |  |  |  |  |
|      | b Describe in Schedule O the process, if any, used by the organization to review this Form 990                                |                         |                 |       |           |  |  |  |  |
|      | Did the organization have a written conflict of interest policy? If "No," go to line 13                                       |                         | 12a             |       | X         |  |  |  |  |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could                   | _                       | 12b             |       | <u> </u>  |  |  |  |  |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy?                               | If "Yes,"               |                 |       | 1         |  |  |  |  |
|      | describe in Schedule O how this was done  |                         | 12c             |       | <u> </u>  |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?   |                         | 13              |       | Х         |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?  |                         | 14              |       | X         |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and ap                                 |                         |                 |       |           |  |  |  |  |
|      | independent persons, comparability data, and contemporaneous substantiation of the deliberation                               | on and decision?        |                 |       |           |  |  |  |  |
| а    | The organization's CEO, Executive Director, or top management official  |                         | 15a             |       | X         |  |  |  |  |
| b    | Other officers or key employees of the organization   |                         | 15b             |       | X         |  |  |  |  |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |                         |                 |       | ĺ         |  |  |  |  |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra                       | ngement                 |                 |       | Ì         |  |  |  |  |
|      | with a taxable entity during the year?  |                         | 16a             |       | X         |  |  |  |  |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to ev                          |                         |                 |       |           |  |  |  |  |
|      | participation in joint venture arrangements under applicable federal tax law, and take steps to sa                            | feguard                 |                 |       |           |  |  |  |  |
|      | the organization's exempt status with respect to such arrangements?   |                         | 16b             |       |           |  |  |  |  |
| Sect | ion C. Disclosure   |                         |                 |       |           |  |  |  |  |
| 17   | List the states with which a copy of this Form 990 is required to be filed  |                         |                 |       |           |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and                                | 990-T (Section 501(c    | )(3)s c         | nly)  |           |  |  |  |  |
|      | available for public inspection Indicate how you made these available Check all that apply                                    |                         |                 |       |           |  |  |  |  |
|      |   | xplain in Schedule O    |                 |       |           |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing document                                  | s, 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                                    |                         |                 |       |           |  |  |  |  |
|      | Joyce Gregory   | 907-539-5               | 38T             |       | <b></b> - |  |  |  |  |
|      | Box 1735 KODIAK AK 99615  |                         |                 |       |           |  |  |  |  |

| Form 990 (2016) | Lions Club 14257 Kodiak   | 92-6 | 500314   | · 1 Page ' |
|-----------------|---|------|----------|------------|
| Part VII        | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat | ed   |          |            |
|                 | Employees, and Independent Contractors  |      |          |            |
| `               | Check if Schedule O contains a response or note to any line in this Part VII    |      | <u> </u> |            |
| 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 an | y related organ  | zatio                          | n co                  | mp                            | ens          | ated                         | any       | current officer,                               | director, or trust                               | ee  |
|---|--|--------------------------------|-----------------------|-------------------------------|--------------|------------------------------|-----------|--|--|---|
| (A)<br>Name and Title                             | (B)<br>Average<br>hours per  | box,                           | unie:<br>er an        | Pos<br>neck<br>ss pe<br>d a d | rson         | than c                       | an<br>ee) | (D)<br>Reportable<br>compensation              | (E)<br>Reportable<br>compensation                | (F)<br>Estimated<br>amount of   |
|   | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer                       | Key employee | Highest compensated employee | Former    | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Carrie Morton<br>Past President               | 2  | Х                              |                       | Х                             |              |                              |           | 0  | 0  | 0   |
| (2) Lloyd Shanley<br>President                    |  | Х                              |                       | X                             |              |                              |           | 0  | 0  | 0   |
| (3) Jeremiah Meyer<br>1st Vice Pres               | 4  | Х                              |                       | X                             |              |                              |           | 0  | 0  | 0   |
| (4) Kris Jones<br>2nd Vice Pres                   | 4  | Х                              |                       | Х                             |              |                              |           | 0  | 0  | 0   |
| (5) Tracy Craig<br>3rd VP                         | 3  | Х                              |                       | Х                             |              |                              |           | 0  | 0  | 0   |
| (6) Joyce Gregory<br>Treasurer                    |  | Х                              |                       | Х                             |              |                              |           | 0  | 0  | 0   |
| Treasurer (7) Kathie Morin Secretary              | 4  | Х                              |                       | X                             |              |                              |           | 0  | 0  | 0   |
| (8)   |  |                                |                       | •                             |              |                              |           |  |  |   |
| (9)   |  |                                |                       |                               |              |                              |           |  |  |   |
| (10)  |  |                                |                       |                               |              |                              |           |  |  |   |
| <u>(11)</u>                                       |  |                                |                       |                               |              |                              |           |  |  |   |
| (12)  |  |                                |                       |                               |              |                              |           |  |  |   |
| (13)  |  |                                |                       |                               |              |                              |           |  |  |   |
| (14)  |  |                                |                       |                               |              |                              |           |  |  |   |

| Р        | Section A. Officers, Directors, Tr  | ustees, Key Er   | nplo                           | yee                   |                    |              | High                         | est          | Compensated                                    | Employee                                | s (cont | nuec                       | d)   | _      |
|----------|---|--|--------------------------------|-----------------------|--------------------|--------------|------------------------------|--------------|--|---|---------|----------------------------|--|--------|
| ,        | (A)<br>Name and title   | (B)<br>Average<br>hours per  | box,                           | unles                 | Pos<br>eck<br>s pe | rson         | than<br>is bot               | h an<br>tee) | (D) Reportable compensation                    | (E)<br>Reportat<br>compensa             |         | Esti                       | (F)<br>imated<br>ount of                                     |        |
|          |   | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer            | Key employee | Highest compensated employee | Former       | from<br>the<br>organization<br>(W-2/1099-MISC) | from relat<br>organizati<br>(W-2/1099-N | ons     | comp<br>fro<br>orga<br>and | ther<br>ensation<br>m the<br>nization<br>related<br>nization | n<br>d |
| (15)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (16)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (17)     |   |  |                                | -                     |                    |              |                              |              |  |   |         |                            |  |        |
| (18)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            | -  |        |
| (19)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (20)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (21)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (22)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (23)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| (24)     |   |  |                                |                       |                    |              | !                            |              |  |   |         |                            |  |        |
| (25)     |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| 1b<br>c  | Sub-total  Total from continuation sheets to Part VII, S  | Section A  | !                              |                       |                    | <u> </u>     | I                            | <b>&gt;</b>  |  |   |         |                            | ,  |        |
| d_       | Total (add lines 1b and 1c)   | <del>,</del>   |                                |                       |                    |              |                              | <b>•</b>     |  |   |         |                            |  |        |
| 2        | Total number of individuals (including but not li<br>reportable compensation from the organization                  |  | listed                         | abo                   | ove)               | ) wh         | o red                        | eiv          | ed more than \$1                               | 100,000 of                              |         |                            |  |        |
|          |   |  |                                |                       |                    |              |                              |              |  |   |         |                            | /es  | No     |
| 3        | Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i> |  |                                |                       |                    | yee,         | orh                          | igh          | est compensate                                 | d                                       |         | 3                          |  | X_     |
| 4        | For any individual listed on line 1a, is the sum the organization and related organizations gre                     |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
|          | ındıvıdual  | ·  |                                |                       |                    |              | •                            |              |  |   | -       | 4                          |  | X      |
| 5        | Did any person listed on line 1a receive or acc<br>for services rendered to the organization? If "                  |  |                                |                       |                    |              |                              |              |  | dıvıdual<br>————                        |         | 5                          |  | X      |
| Sec<br>1 | ction B. Independent Contractors  |  |                                |                       | -4                 |              | 41                           |              |  | 0400.00                                 |         |                            |  |        |
|          | Complete this table for your five highest comp-<br>compensation from the organization. Report c<br>year             |  |                                |                       |                    |              |                              |              |  |   |         | tax                        |  |        |
|          | (A)<br>Name and business add  | ress   |                                |                       |                    |              |                              |              | (B)<br>Description of ser                      | vices                                   | Cor     | (C)<br>npens               | ation  |        |
|          |   |  |                                |                       |                    |              |                              | -            |  |   |         |                            |  |        |
|          |   | · · · · · · · · · · · · · · · · · · ·  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
|          |   |  |                                |                       |                    |              |                              |              |  |   |         |                            |  |        |
| 2        | Total number of independent contractors (inclu  | uding but not lim  | nited 1                        | to th                 | ose                | e list       | ted a                        | L_bov        | e) who received                                |   |         |                            |  |        |
|          | more than \$100,000 of compensation from the  |  | <u> </u>                       |                       |                    |              |                              |              | ·  |   |         |                            |  |        |

Form 990 (2016)

| •  |     | · `Check if Schedule O contain      | s a response o   | r note to any line | in this Part VIII                                |  |   |  |
|--|-----|-------------------------------------|------------------|--------------------|--|--|---|--|
|  |     |                                     |                  |                    | (A)<br>Total revenue                             | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| र र  | 1a  | Federated campaigns                 | 1 <u>1a</u>      |                    |  | 1                                      |   |  |
| Contributions, Giffs, Grants and Other Similar Amounts | b   | Membership dues                     | 1b               | 5703.              |  |  |   |  |
| ع ق  | С   | Fundraising events                  | _1c              |                    |  |  |   |  |
| it s   | d   | Related organizations               | 1d               |                    |  |  |   |  |
| ع <u>ق</u>   | e   | Government grants (contribution     | ns) 1e           |                    |  |  |   |  |
| 2 S  |     | All other contributions, gifts, gra |                  |                    | l  |  |   |  |
| the fat  | •   | similar amounts not included ab     |                  | 7091.              |  |  |   |  |
| 탈  | ~   | Noncash contributions included in I | <del></del>      | 1 7051.            |  | l                                      |   |  |
| S &  | g   |                                     | 11169 10-11 A    |                    | 12794.   |  |   |  |
|  | h   | Total. Add lines 1a-1f              |                  | Business Code      | 12/94.   |  |   |  |
| an l   | _   |                                     |                  | Busiless Code      | 10100  | 10100                                  |   |  |
| ķ  |     | club activities                     |                  |                    | 12192.   | 12192.                                 |   | ļ  |
| Program Service Revenue                                | b   |                                     |                  |                    |  |  |   | <del></del>  |
| Ϋ́   | С   |                                     |                  |                    |  |  |   | ·  |
| Ser  | d   |                                     |                  |                    |  |  |   | <u> </u>   |
| Ē  | е   |                                     |                  |                    |  |  |   |  |
| .go  | f   | All other program service reven     | ue               |                    |  |  |   |  |
| _=   | g   | Total. Add lines 2a-2f              |                  | <b>•</b>           | 12192.   |  |   |  |
|  | 3   | Investment income (including di     | vidends, interes | st, and            |  | ļ                                      |   |  |
|  |     | other similar amounts)              |                  | •                  |  |  |   |  |
|  | 4   | Income from investment of tax-e     | exempt bond pro  | oceeds <b>&gt;</b> |  |  | - <u></u>                               |  |
|  | 5   | Royalties                           |                  | ▶                  |  |  |   |  |
|  |     |                                     | (i) Real         | (II) Personal      |  |  |   |  |
|  | 6a  | Gross rents                         |                  | 1                  |  | i                                      |   |  |
|  | b   | Less rental expenses                |                  |                    |  |  |   |  |
|  | С   | Rental income or (loss)             | Ĺ                |                    |  | 1                                      |   |  |
|  | d   | Net rental income or (loss)         |                  | <b>&gt;</b>        |  |  |   |  |
|  | 7a  | Gross amount from sales of          | (i) Securities   | (II) Other         |  |  |   |  |
|  |     | assets other than inventory         |                  |                    | ]  |  |   |  |
|  | b   | Less cost or other basis            |                  |                    |  |  |   |  |
|  |     | and sales expenses                  |                  |                    |  |  |   |  |
|  | С   | Gain or (loss)                      |                  |                    | 1  |  |   |  |
|  | d   | Net gain or (loss)                  |                  | <b>&gt;</b>        |  | į                                      |   |  |
|  |     | - ,                                 |                  |                    |  |  |   |  |
| e l  | 8a  | Gross income from fundraising       |                  |                    | )  | ŀ                                      |   |  |
| eu   |     | events (not including \$            |                  |                    |  |  |   |  |
| ev   | •   | of contributions reported on line   | 1c)              |                    |  |  |   |  |
| DZ.  |     | See Part IV, line 18                | a                | 8174.              | )  | }                                      |   |  |
| Other Revenue  | b   | Less direct expenses                | b                | 4.400              |  | Ì                                      |   |  |
| Ŏ  |     | Net income or (loss) from fundra    | aising events    | <b>&gt;</b>        | 3675.  |  |   |  |
|  |     | Gross income from gaming activ      | -                |                    |  |  |   | <u> </u>   |
|  |     | See Part IV, line 19                | а                | 136172.            | ]  |  |   |  |
|  | ь   | Less direct expenses                | b                | 2 4 4 4 4          | ]  |  |   |  |
|  | 1   | Net income or (loss) from gamir     | _                | <b>•</b>           | 72064.   | 1                                      |   |  |
|  |     | Gross sales of inventory, less      | .5 45.11.11.00   |                    |  |  |   |  |
|  |     | returns and allowances              | а                |                    | ]  |  |   |  |
|  | h   | Less cost of goods sold             | b                |                    | 1  |  |   |  |
|  |     | Net income or (loss) from sales     | -                |                    | 1  |  |   |  |
|  |     | Miscellaneous Revenue               | or inventory     | Business Code      | <del>                                     </del> | <del></del>                            | <del></del>                             | <del> </del>   |
|  | 11a |                                     |                  | 1 225233 0000      | 1  | 1                                      |   |  |
|  | b   |                                     |                  |                    | <del>                                     </del> | <del></del>                            |   | <del> </del>   |
|  | c   |                                     |                  |                    | <del> </del>                                     |  |   | <del> </del>   |
|  | d   | All other revenue                   |                  |                    | <del>                                     </del> |  |   | <del>                                     </del>     |
|  | l e | Total. Add lines 11a-11d            |                  | <u> </u>           | <del>                                     </del> | <del>-</del>                           |   | <del> </del>   |
|  | 12  | Total revenue. See instructions     | S                | •                  | 100725.  | 12192.                                 | <del></del>                             | <del>                                     </del>     |

Form 990 (2016) Lions Club 14257 Kodiak

Part IX Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

| Secti    | on 501(c)(3) and 501(c)(4) organizations must complete a   | ll columns All other | organizations mus                     | st complete column                      | (A)                            |  |  |  |  |  |  |
|----------|--|----------------------|---------------------------------------|---|--------------------------------|--|--|--|--|--|--|
|          | Check if Schedule O contains a response or note to any line in this Part IX                                |                      |                                       |   |                                |  |  |  |  |  |  |
|          | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.                                 | (A) Total expenses   | (B) Program service expenses          | (C) Management and general expenses     | (D)<br>Fundraising<br>expenses |  |  |  |  |  |  |
| 1        | Grants and other assistance to domestic organizations  |                      |                                       |   |                                |  |  |  |  |  |  |
|          | domestic governments See Part IV, line 21  | 74922.               | 74922.                                |   | · <del></del>                  |  |  |  |  |  |  |
| 2        | Grants and other assistance to domestic  |                      |                                       |   |                                |  |  |  |  |  |  |
|          | individuals See Part IV, line 22   |                      |                                       |   | <u> </u>                       |  |  |  |  |  |  |
| 3        | Grants and other assistance to foreign   |                      |                                       |   |                                |  |  |  |  |  |  |
|          | organizations, foreign governments, and foreign  |                      | į                                     |   |                                |  |  |  |  |  |  |
|          | individuals See Part IV, lines 15 and 16   |                      |                                       |   |                                |  |  |  |  |  |  |
| 4        | Benefits paid to or for members  |                      |                                       |   |                                |  |  |  |  |  |  |
| 5        | Compensation of current officers, directors,   |                      |                                       |   |                                |  |  |  |  |  |  |
| _        | trustees, and key employees  |                      |                                       |   |                                |  |  |  |  |  |  |
| 6        | Compensation not included above, to disqualified   |                      |                                       |   |                                |  |  |  |  |  |  |
|          | persons (as defined under section 4958(f)(1)) and  |                      |                                       |   |                                |  |  |  |  |  |  |
| _        | persons described in section 4958(c)(3)(B)   |                      |                                       |   | <del></del>                    |  |  |  |  |  |  |
| 7        | Other salaries and wages   |                      |                                       |   | <del></del>                    |  |  |  |  |  |  |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         |                      | ļ                                     | İ                                       |                                |  |  |  |  |  |  |
| 9        | Other employee benefits  |                      |                                       |   |                                |  |  |  |  |  |  |
| 10       | Payroll taxes  |                      |                                       |   | <del> </del>                   |  |  |  |  |  |  |
| 11       | Fees for services (non-employees)  |                      | · · · · · · · · · · · · · · · · · · · |   |                                |  |  |  |  |  |  |
| ''a      | Management   |                      |                                       | İ                                       |                                |  |  |  |  |  |  |
| b        | Legal  |                      |                                       |   |                                |  |  |  |  |  |  |
| c        | Accounting   |                      |                                       |   |                                |  |  |  |  |  |  |
| ď        | Lobbying   |                      | <del></del>                           |   | · <del>- ·</del>               |  |  |  |  |  |  |
| e        | Professional fundraising services. See Part IV, line 17  |                      |                                       |   |                                |  |  |  |  |  |  |
| f        | Investment management fees   |                      |                                       |   |                                |  |  |  |  |  |  |
| g        | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) |                      |                                       |   |                                |  |  |  |  |  |  |
| 12       | Advertising and promotion  |                      |                                       |   |                                |  |  |  |  |  |  |
| 13       | Office expenses  | 2365.                | 2365.                                 |   |                                |  |  |  |  |  |  |
| 14       | Information technology   |                      |                                       |   |                                |  |  |  |  |  |  |
| 15       | Royalties  |                      |                                       |   |                                |  |  |  |  |  |  |
| 16       | Occupancy  | 720.                 | 720.                                  |   |                                |  |  |  |  |  |  |
| 17       | Travel   | 482.                 | 482.                                  |   |                                |  |  |  |  |  |  |
| 18       | Payments of travel or entertainment expenses   |                      |                                       |   |                                |  |  |  |  |  |  |
|          | for any federal, state, or local public officials  | 2204                 | 2004                                  |   |                                |  |  |  |  |  |  |
| 19       | Conferences, conventions, and meetings Interest  | 3284.                | 3284.                                 |   |                                |  |  |  |  |  |  |
| 20       | Payments to affiliates   |                      |                                       |   |                                |  |  |  |  |  |  |
| 21<br>22 | Depreciation, depletion, and amortization  |                      |                                       |   |                                |  |  |  |  |  |  |
| 23       | Insurance  |                      |                                       |   |                                |  |  |  |  |  |  |
| 24       | Other expenses Itemize expenses not covered  |                      |                                       |   |                                |  |  |  |  |  |  |
| ~~       | above (List miscellaneous expenses in line 24e If  |                      |                                       |   |                                |  |  |  |  |  |  |
|          | line 24e amount exceeds 10% of line 25, column   |                      |                                       |   |                                |  |  |  |  |  |  |
|          | (A) amount, list line 24e expenses on Schedule O)  |                      |                                       |   |                                |  |  |  |  |  |  |
| а        | club activities '  | 29329.               | 29329.                                | ~ · · · · · · · · · · · · · · · · · · · |                                |  |  |  |  |  |  |
| b        | dues   | 4410.                | 4410.                                 |   |                                |  |  |  |  |  |  |
| С        | Education  | 3938.                | 3938.                                 |   |                                |  |  |  |  |  |  |
| d        |  |                      |                                       |   |                                |  |  |  |  |  |  |
| е        | All other expenses   |                      |                                       |   |                                |  |  |  |  |  |  |
| 25       | Total functional expenses. Add lines 1 through 24e   | 119450.              | 119450.                               |   |                                |  |  |  |  |  |  |
| 26       | Joint costs. Complete this line only if the  |                      |                                       |   |                                |  |  |  |  |  |  |
|          | organization reported in column (B) joint costs  |                      |                                       |   |                                |  |  |  |  |  |  |
|          | from a combined educational campaign and   | [                    |                                       |   |                                |  |  |  |  |  |  |
|          | fundraising solicitation Check here ► if   | 1                    | 1                                     |   |                                |  |  |  |  |  |  |

|               |          | Check if Schedule O contains a response or note to any line in this Part   | X                        |          |                    |
|---------------|----------|--|--------------------------|----------|--------------------|
|               |          |  | (A)<br>Beginning of year |          | (B)<br>End of year |
|               | 1        | Cash—non-interest-bearing  | 58273.                   | 1        | 42721.             |
|               | 2        | Savings and temporary cash investments   |                          | 2        |                    |
|               | 3        | Pledges and grants receivable, net   |                          | 3        |                    |
|               | 4        | Accounts receivable, net   | 6185.                    | 4        | 2683.              |
|               | 5        | Loans and other receivables from current and former officers, directors,   |                          |          |                    |
|               |          | trustees, key employees, and highest compensated employees Complete Part II of Schedule L  |                          | 5        |                    |
|               | 6        | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary |                          |          |                    |
| ets<br>ets    | l _      | organizations (see instructions) Complete Part II of Schedule L  |                          | 6        |                    |
| Assets        | 7        | Notes and loans receivable, net  | 1121                     | 7        | 507                |
| _             | 8        | Inventories for sale or use  | 1131.                    | 8        | 597.               |
|               | 9<br>10a | Prepaid expenses and deferred charges  Land, buildings, and equipment cost or  |                          | 9_       |                    |
|               |          | other basis Complete Part VI of Schedule D 10a   |                          |          |                    |
|               |          | Less accumulated depreciation 10b  |                          | 10c      |                    |
|               | 11       | Investments—publicly traded securities   |                          | 11       |                    |
|               | 12       | Investments—other securities See Part IV, line 11  |                          | 12       |                    |
|               | 13       | Investments—program-related See Part IV, line 11   |                          | 13       |                    |
|               | 14       | Intangible assets  |                          | _14      |                    |
|               | 15       | Other assets See Part IV, line 11  | C5500                    | 15       | 4.6001             |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 34)  | 65589.                   | 16       | 46001.             |
|               | 17       | Accounts payable and accrued expenses  | 863.                     | 17       |                    |
|               | 18       | Grants payable   |                          | 18       |                    |
|               | 19       | Deferred revenue   |                          | 19_      |                    |
|               | 20       | Tax-exempt bond liabilities  |                          | 20       |                    |
|               | 21       | Escrow or custodial account liability Complete Part IV of Schedule D   |                          | 21       |                    |
| ies           | 22       | Loans and other payables to current and former officers, directors,  |                          |          |                    |
| Ħ             |          | trustees, key employees, highest compensated employees, and  |                          |          |                    |
| Liabilities   |          | disqualified persons Complete Part II of Schedule L  |                          | 22       | <del></del>        |
| _             | 23       | Secured mortgages and notes payable to unrelated third parties   |                          | 23       |                    |
|               | 24       | Unsecured notes and loans payable to unrelated third parties   |                          | 24       |                    |
|               | 25       | Other liabilities (including federal income tax, payables to related third   |                          |          |                    |
|               |          | parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  |                          | 05       |                    |
|               | 26       | Total liabilities. Add lines 17 through 25   | 863.                     | 25<br>26 |                    |
|               | 20       |  | 003.                     | 20       |                    |
| Fund Balances |          | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.  |                          |          |                    |
| lan           | 27       | Unrestricted net assets  | 64726.                   | 27       | 46001.             |
| Ba            | 28       | Temporarily restricted net assets  |                          | 28       |                    |
| В             | 29       | Permanently restricted net assets  |                          | 29       | ·                  |
| ō             |          | Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.   |                          |          |                    |
| Sis           | 30       | Capital stock or trust principal, or current funds   |                          | 30       |                    |
| Net Assets    | 31       | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31       |                    |
| ţ             | 32       | Retained earnings, endowment, accumulated income, or other funds   |                          | 32       |                    |
| ž             | 33       | Total net assets or fund balances  | 64726.                   | 33       | 46001.             |
|               | 34       | Total liabilities and net assets/fund balances .   | 65589.                   | 34       | 46001.             |

| Form | 990 (2016) Lions Club 14257 Kodiak   | 92- | -600 | 314 | 1 Pag | je <b>12</b> |
|------|--|-----|------|-----|-------|--------------|
| Par  | XI Reconciliation of Net Assets  |     |      |     |       |              |
| •    | Check if Schedule O contains a response or note to any line in this Part XI  |     |      |     | . [   |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1   |      |     | 0072  |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2   |      |     | 94    |              |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3   |      |     | 1872  |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4   |      | (   | 5472  | 26.          |
| 5    | Net unrealized gains (losses) on investments   | 5   |      |     |       |              |
| 6    | Donated services and use of facilities   | 6   |      |     |       |              |
| 7    | Investment expenses  | 7   |      |     |       |              |
| 8    | Prior period adjustments   | 8   |      |     | ·     |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9   |      |     |       |              |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10  |      | 4   | 1600  | 01.          |
| Part | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  |     |      |     | Yes   | No           |
| 1    | Accounting method used to prepare the Form 990 🐰 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     | - [  |     | 163   | 140          |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     |      |     | Χ     |              |
|      | 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  Separate basis  Consolidated basis  Both consolidated and separate basis |     |      |     |       |              |
| b    | Were the organization's financial statements audited by an independent accountant?   |     |      | 2b  |       | Χ            |
|      | 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  Separate basis  Consolidated basis  Both consolidated and separate basis              |     |      |     |       |              |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh   | of  | 1    |     |       |              |
| 2-   | 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 i Schedule O          | n   |      | 2c  |       | X            |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in  |     |      |     |       |              |

Form **990** (2016)

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

the Single Audit Act and OMB Circular A-133?

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2(0)

Department of the Treasury Internal Revenue Service

Name of organization

BCA

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| L10            | ons Club 1425/               | Kodiak  |                     |  | J3141   |
|----------------|------------------------------|---|---------------------|--|---|
| Pa             | rt I-A Complete if t         | he organization is exempt und   | er section 501(     | c) or is a section 527 o                       | rganization.  |
| 1              |                              | he organization's direct and indirect   | political campaigr  | activities in Part IV (see ii                  | nstructions for                                     |
|                | definition of "political cam |   |                     |  |   |
|                |                              | y expenditures (see instructions)   |                     | ▶ \$   |   |
|                | Volunteer hours              |   |                     |  |   |
|                |                              | he organization is exempt und   |                     |  |   |
| 1              | -                            | excise tax incurred by the organizati   |                     |  |   |
|                | -                            | excise tax incurred by organization r   | _                   |  | ·····   |
|                | -                            | ed a section 4955 tax, did it file Form   | 14720 for this yea  | ıı,  | Yes No  |
| 4a             | Was a correction made?       |   |                     |  | Yes No  |
| b              | If "Yes," describe in Part   |   |                     |  |   |
| Pa             |                              | he organization is exempt und   |                     |  | c)(3).  |
| 1              | •                            | expended by the filing organization   | for section 527 e   | xempt function                                 |   |
|                | activities                   |   |                     |  |   |
| 2              |                              | iling organization's funds contributed  | l to other organiza | ations for section                             |   |
|                | 527 exempt function activ    |   |                     | ▶ \$   |   |
| 3              | •                            | penditures Add lines 1 and 2 Enter  | here and on Forn    |  |   |
|                | line 17b                     |   |                     | ▶ \$   | Yes No  |
| 4              |                              | n file Form 1120-POL for this year?   |                     |  |   |
| 5              |                              | ses and employer identification num   |                     |  |   |
|                |                              | ents For each organization listed, el   |                     |  |   |
|                |                              | ontributions received that were promp<br>d fund or a political action committee |                     |  |   |
|                | as a separate segregated     | I and or a pointed action committee   | (1 AO) II addition  | lai space is needed, provid                    | e mornation in Carety                               |
|                | (a) Name                     | (b) Address   | (c) EIN             | (d) Amount paid from                           | (e) Amount of political                             |
|                |                              | 1   |                     | filing organization's funds if none, enter -0- | contributions received and<br>promptly and directly |
|                | '                            |   |                     |  | delivered to a separate                             |
|                |                              | J i   |                     |  | political organization if none, enter -0-           |
|                |                              |   |                     |  | 1010, 6110, 70-                                     |
| (1)            |                              |   |                     |  |   |
|                |                              |   | <del></del>         |  | _ <del></del>                                       |
| (2)            |                              |   |                     |  |   |
| 401            | <u> </u>                     |   |                     |  | <del></del>   |
| (3)            |                              |   |                     |  |   |
| (4)            |                              |   |                     |  |   |
| \ <del>-</del> |                              |   |                     |  |   |
| (5)            |                              | <b> </b>  |                     |  |   |
|                | <del></del>                  | <del> </del> -  |                     |  |   |
| (6)            |                              |   |                     |  |   |
| <u> </u>       | Danaguark Daduction Act N    | lating and the instructions for Form O  | 00 0=000 57         |  |   |

| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public? | Yes           | No        | A            | moun        |       |
|---|---------------|-----------|--------------|-------------|-------|
| iegislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  |               |           |              |             | t     |
| referendum, through the use of  Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  |               |           |              |             |       |
| <ul> <li>Volunteers?</li> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> <li>Mailings to members, legislators, or the public?</li> </ul>  |               |           |              |             |       |
| <ul> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> <li>Mailings to members, legislators, or the public?</li> </ul>   |               |           |              |             |       |
| c Media advertisements? d Mailings to members, legislators, or the public?  |               | X         |              |             |       |
| d Mailings to members, legislators, or the public?  |               | Х         |              |             |       |
|   | ļ             | Χ         |              |             |       |
| a. On delice atenda a an medicina ha adam a terra a desar da Arabarra e Arab  |               | X         |              |             |       |
| e Publications, or published or broadcast statements?   |               | X         |              |             |       |
| f Grants to other organizations for lobbying purposes?  | ļ             | X         |              |             |       |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |               | Х         |              |             |       |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |               | X         |              |             |       |
| i Other activities?   |               | ^_        |              |             |       |
| j Total Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |               | $ _{X}$   |              |             |       |
| <ul> <li>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>  | <u> </u>      | <u> </u>  |              |             |       |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |               |           |              |             |       |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |               | x         |              |             |       |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 50  | 1(c)(5)       |           | ction        |             |       |
| 501(c)(6).  | - (0)(0),     | 0. 50     | .00.01.      |             |       |
| 33.(6)(6)   |               |           |              | Yes         | No    |
| Were substantially all (90% or more) dues received nondeductible by members?  |               |           | 1            | Χ           | -     |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?   | _             |           | 2            |             | Х     |
| Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior   | r vear?       |           | 3            |             | X     |
| Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  |               | ) Par     |              | line        | 3, is |
| Dues, assessments and similar amounts from members  | -             | 1         |              |             |       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |               |           |              |             |       |
| a Current year  | •             | 2a        |              |             |       |
| b Carryover from last year  |               | 2b        |              |             |       |
| c Total   |               | 2c        |              |             |       |
| Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | <b>&gt;</b> . | 3         |              |             |       |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the  |               |           |              |             |       |
| excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?   |               |           |              |             |       |
| iobbying and political experiorate flext year?  |               | 5         |              |             |       |
|   |               | 1 3 1     |              |             |       |
| Taxable amount of lobbying and political expenditures (see instructions)  |               | · · · · · | II A lu      | 206 1       |       |
| Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information   | roup liet     |           | . 11-74, 111 | 162 1       | anu   |
| Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g  | roup list     | ı), Pan   |              |             |       |
| Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information   | roup list     | i), Pan   |              |             |       |
| Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g  | roup list     | .), Pan   |              | •           |       |
| Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information  ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gives instructions), and Part II-B, line 1. Also, complete this part for any additional information.   |               |           |              |             |       |
| Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g  |               |           |              | • • • • • • |       |
| Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information  ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gives instructions), and Part II-B, line 1. Also, complete this part for any additional information.   |               |           |              | • • • • • • |       |
| Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information  ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gives instructions), and Part II-B, line 1. Also, complete this part for any additional information.   |               |           |              |             |       |

Lions Club 14257 Kodiak Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 61,381. 74,791. 136,172. Gross revenue 2 Cash prizes

**Direct Expenses** 29,116. Noncash prizes 29,116. Rent/facility costs Other direct expenses 34,830. 162. 34,992. X Yes 0.% 100.% 100.% Yes Yes Volunteer labor 6 No No Direct expense summary Add lines 2 through 5 in column (d) 64,108. 72,064. Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states?

if "No," explain

..... 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

Yes

Yes

| Sched | ule G (Form 990 or 990-EZ) 2016 Lions Club 14257 Kodiak  | 92-6     | 600     | 3143    | l Page 3      |
|-------|--|----------|---------|---------|---------------|
| 11    | Does the organization conduct gaming activities with nonmembers?   |          | X       | res [   | No            |
| 12    | <ul> <li>Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity<br/>formed to administer charitable gaming?</li> </ul>           | ,<br>[   | ر<br>ا  | res []  | ∑ No          |
| 13    | Indicate the percentage of gaming activity conducted in  |          |         |         |               |
| а     | · · · · · · · · · · · · · · · · · · ·  | 13a      |         |         | .00 %         |
|       | An outside facility  | 13b      |         | 100     | .00%          |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events books and records   | š        |         |         |               |
|       | and records  |          |         |         |               |
|       | Name ▶   |          |         |         | · <b></b>     |
|       | Address ▶  |          |         |         |               |
| 15a   | Does the organization have a contract with a third party from whom the organization receives gaming  | ſ        | Ѿ,      | , F     | <b>7</b>      |
| h     | revenue?  If "Yes," enter the amount of gaming revenue received by the organization $\triangleright$ \$ 61,381. and the  |          |         | es [    | No            |
| J     | amount of gaming revenue retained by the third party $\blacktriangleright$ \$ 18,415.  |          |         |         |               |
| С     | If "Yes," enter name and address of the third party  |          |         |         |               |
|       | Name ▶ The Village Bar   |          |         |         |               |
|       | Name ►The Village Bar  |          |         |         | ·             |
|       | Address ► 410 Marine Way KODIAK AK 99615-  |          |         |         |               |
| 16    | Gaming manager information   |          |         |         |               |
|       | Name ▶ Joyce Gregory   |          |         |         |               |
|       | Gaming manager compensation • \$   |          |         |         |               |
|       | Description of services provided ▶oversees gaming income and reports   |          |         |         | <b></b>       |
|       | X Director/officer Employee Independent contractor   |          |         |         |               |
| 17    | Mandatory distributions  |          |         |         |               |
| а     |  |          |         | г       |               |
|       | retain the state gaming license?   |          | Χ,      | Yes     | No            |
| Ь     | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ | <b>3</b> |         | 50,     | 000.          |
| Par   |  |          | d (v)   | , and   |               |
|       |  |          |         | <b></b> |               |
|       |  |          |         | <b></b> |               |
|       |  |          | <br>    |         |               |
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Schedule G (Form 990 or 990-EZ) 2016

**SCHEDULE 1** (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

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

► Attach to Form 990.

orm990.

| 2016 | Open to Public | Inspection                     |
|------|----------------|--------------------------------|
|      | 2016           | 20 <b>16</b><br>Open to Public |

**Employer Identification number** 92-6003141

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General Information on Grants and Assistance

Lions Club 14257 Kodiak

Part I

| ⊔        | ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and  |               |
|----------|--|---------------|
| <b>=</b> | the selection criteria used to award the grants or assistance?   | X Yes No      |
| L        | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States                               |               |
| Ē        | art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form | "Yes" on Form |
| ĺ        | 990 Part IV line 21 for any recipient that received more than \$5 000. Part II can be duplicated if additional space is needed             |               |

| ←          | (a) Name and address of organization or government   | ( <b>p</b> ) EIN  | (c) IRC section if applicable            | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (i) method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------|--|-------------------|--|-----------------------------|---------------------------------------|---|--|------------------------------------|
| 73(        | (1)KIB School Dist<br>730 Mi 99615 AK KO   | 92600014          | 4  | 18,010.                     |                                       |   |  | Education                          |
| 2          |  |                   |  |                             |                                       |   |  |                                    |
| ଞ୍ଚ        |  |                   |  |                             |                                       |   |  |                                    |
| <b>.</b>   |  |                   |  |                             |                                       |   |  |                                    |
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| <u>(8)</u> |  |                   |  |                             |                                       |   |  |                                    |
| 6          |  |                   | v  |                             |                                       |   |  |                                    |
| (10)       |  |                   |  |                             |                                       |   |  |                                    |
| (1)        |  |                   |  |                             |                                       |   |  |                                    |
| (12)       |  |                   |  |                             |                                       |   |  |                                    |
| <b>%</b> % | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | n 501(c)(3) and g | lovernment organized in the line 1 table | ations listed in the line   | 1 table                               |   | <b>A A</b>                             |                                    |
|            |  |                   |  |                             |                                       |   |  |                                    |

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

Schedule I (Form 990) (2016)

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

Department of the Treasury

Name of the organization

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.

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

| Lions Club 14257 Kodiak                  | 92-6003141                              |
|--|---|
| Page 6, Part VI, Line 11b                |   |
| Form 990 is reviewed by the Treasurer wh | o then reports to                       |
| the board when the 990 is completed and  | has been sent. Any                      |
| board member is free to review the Form  | 990 upon request.                       |
|  |   |
| Page 10, Line 1, Grants                  |   |
| See attached list of grants              |   |
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