

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2017

Open to Public
Inspection

1806

A For the 2017 calendar year, or tax year beginning July 1 , 2017, and ending June 30 , 20 18

| | | |
|--|---|--|
| B Check if applicable | C Name of organization LIONS CLUBS INTERNATIONAL - CARSON CITY HOST LIONS CLUB | D Employer identification number 886005669 |
| <input type="checkbox"/> Address change | Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 825 | E Telephone number 775-885-1502 |
| <input type="checkbox"/> Name change | City or town, state or province, country, and ZIP or foreign postal code CARSON CITY, NEVADA 89702-0825 | F Group Exemption Number 0239 |
| <input type="checkbox"/> Initial return | | |
| <input type="checkbox"/> Final return/terminated | | |
| <input type="checkbox"/> Amended return | | |
| <input type="checkbox"/> Application pending | | |

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . ► \$ 89261 17

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►

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

| | | |
|------------|---|--------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 |
| | 2 Program service revenue including government fees and contracts | 2 |
| | 3 Membership dues and assessments | 3 12890 92 |
| | 4 Investment income | 4 243 62 |
| | 5a Gross amount from sale of assets other than inventory | 5a |
| | b Less: cost or other basis and sales expenses | 5b |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | |
| | 6 Gaming and fundraising events | 5c |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| | b Gross income from fundraising events (not including \$ NONE of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b 75926 63 |
| | c Less: direct expenses from gaming and fundraising events | 6c 49503 06 |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | |
| | 7a Gross sales of inventory, less returns and allowances | 6d 26423 57 |
| | b Less: cost of goods sold | 7a |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7b |
| | 8 Other revenue (describe in Schedule O) | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 8 200 00 |
| | 11 Benefits paid to or for members | 9 39758 11 |
| | 12 Salaries, other compensation, and employee benefits 3024 | 10 23241 10 |
| | 13 Professional fees and other payments to independent contractors RECEIVED MAY 13 2019 OGDEN, UT IRS-OSC | 11 |
| | 14 Occupancy, rent, utilities, and maintenance | 12 |
| | 15 Printing, publications, postage, and shipping | 13 |
| | 16 Other expenses (describe in Schedule O) 18 | 14 |
| | 17 Total expenses. Add lines 10 through 16 ► | 15 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 16 13087 86 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 17 3632896 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 18 3429 15 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► | 19 53776 17 |
| | | 20 -25000 05 |
| | | 21 32205.27 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)

Part II Balance Sheets (see the instructions for Part II)

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

| | | (A) Beginning of year | (B) End of year |
|----|---|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 54182 17 | 57404 32 |
| 23 | Land and buildings | 23 | |
| 24 | Other assets (describe in Schedule O) | 24 | |
| 25 | Total assets | 54182 17 | 57404 32 |
| 26 | Total liabilities (describe in Schedule O) | 406 00 | 25199 05 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 53776.17 | 32205 27 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **PROVIDE ASSISTANCE TO LESS FORTUNATE PERSONS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 EYE GLASSES, EYE EXAMINATIONS, AND SIGHT RELATED MEDICAL PROCEDURES AND EXPENSES

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

21 (Grants \$) If this amount includes foreign grants, check here

26

(Grants \$) If this amount includes foreign grants, check here . . .

30 _____

(Grants \$) If this amount includes foreign grants, check here . . .

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

32 **Total program service expenses** (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------|--|--|---|--|
| SEE ATTACHED SCHEDULE | | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► NO FILING REQUIRED BY THE STATE OF NEVADA

42a The organization's books are in care of ► DOUGLAS M MICKELSON Telephone no. ► 775-885-1502
Located at ► 4450 MEADOW WOOD RD, CARSON CITY, NEVADA ZIP + 4 ► 89703-9494

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

| | Yes | No |
|-----|-----|----|
| 33 | ✓ | |
| 34 | ✓ | |
| 35a | ✓ | |
| 35b | | |
| 35c | ✓ | |
| 36 | ✓ | |
| 37a | | |
| 37b | ✓ | |
| 38a | ✓ | |
| 38b | | |
| 39a | | |
| 39b | | |
| 40b | ✓ | |
| 40c | | |
| 40d | | |
| 40e | ✓ | |
| 42b | ✓ | |
| 42c | ✓ | |
| 43 | | |
| 44a | ✓ | |
| 44b | ✓ | |
| 44c | ✓ | |
| 44d | | |
| 45a | ✓ | |
| 45b | ✓ | |

| | | Yes | No |
|----|--|-----|----|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

| | | Yes | No |
|-----|--|-----|----|
| 47 | 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 | 47 | ? |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ? |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
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f Total number of other employees paid over \$100,000 ►

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
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d Total number of other independent contractors each receiving over \$100,000 . . . ►

| | | |
|----|---|--|
| 52 | Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----|---|--|

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

| | | | |
|--|-----------------------------|---------------------------------|--------------------|
| Sign Here ? | <i>Douglas M. Mickelson</i> | | Date <i>5/5/19</i> |
| | Signature of officer | DOUGLAS M. MICKELSON, TREASURER | |
| Type or print name and title | | | |

| | | | | | |
|---|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only ? | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► | Firm's EIN ► | | | |
| | Firm's address ► | Phone no | | | |

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