

Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

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

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C LUBBOCK SOUTH PLAINS LIONS CLUB
 P.O. BOX 6335
 LUBBOCK, TX 79493

D Employer identification number

75-6060611

E Telephone number

G Gross receipts \$ 1,522,926

F Name and address of principal officer:

SAME AS C ABOVE

Greg Freeman

H(a) Is this a group return for subordinates?

Yes ☐ No ☒H(b) Are all subordinates included?
If "No," attach a list. (see instructions)Yes ☐ No ☐I Tax-exempt status: 501(c)(3) ☒ 501(c) (4) (insert no.) 4947(a)(1) or 527

J Website: N/A

H(c) Group exemption number

K Form of organization:

Corporation

Trust

☒ Association

Other

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO EMPOWER VOLUNTEERS TO SERVE THEIR COMMUNITIES, MEET HUMANITARIAN NEEDS, ENCOURAGE PEACE AND PROMOTE INTERNATIONAL UNDERSTANDING THROUGH LIONS CLUBS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	66,866
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	41,759
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 23,068	Current Year 22,461
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,912	83,107
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	134,915	104,726
	14	Benefits paid to or for members (Part IX, column (A), line 4)	20,208	60,689
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,948	25,118
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,156	85,807
	19	Revenue less expenses. Subtract line 18 from line 12	6,959	18,919
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 46,108	End of Year 93,075
	21	Total liabilities (Part X, line 26)	1	0
	22	Net assets or fund balances. Subtract line 21 from line 20	46,107	93,075

Part II Signature Block

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

Signature of officer: Greg Freeman

Date: 5-15-2020

Type or print name and title: GREG FREEMAN

TREASURER

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

self-employed

Firm's name

Firm's address

Firm's EIN

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☐ No ☐

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 08/20/18

Form 990 (2018)

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Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

TO EMPOWER VOLUNTEERS TO SERVE THEIR COMMUNITIES, MEET HUMANITARIAN NEEDS, ENCOURAGE PEACE AND PROMOTE INTERNATIONAL UNDERSTANDING THROUGH LIONS CLUBS.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code:) (Expenses \$ 21,317 including grants of \$ 21,317) (Revenue \$)

LUBBOCK BOYS & GIRLS CLUBS

TO PROVIDE A SAFE PLACE FOR KIDS TO EXPERIENCE GROWTH IN LEADERSHIP, SPORTSMANSHIP, EDUCATION AND PHYSICAL ACTIVITIES. TO ASSIST IN PROVIDING THANKSGIVING AND CHRISTMAS MEALS TO NEEDY FAMILIES OF KIDS THAT BELONG TO THE LUBBOCK BOYS & GIRLS CLUBS

4b (Code:) (Expenses \$ 5,958 including grants of \$ 5,958) (Revenue \$)

Texas Boys Ranch

Provide financial assistance for care of abused and neglected children

4c (Code:) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

Lubbock Childrens Health Clinic

Provide financial assistance to provide health care personnel to maintain a clinic to oversee the health care for kids that are classified as being in the under served community.

4d Other program services (Describe in Schedule O)(Expenses \$ 28,414 including grants of \$ 28,414) (Revenue \$)**4e** Total program service expenses 40,689

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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
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		
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, Part III		X
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X
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	11 b	X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	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	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12 a	X
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	12 b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14 a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14 b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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	X
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	X
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	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	X
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 24b through 24d and complete Schedule K. If 'No,' go to line 25a.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 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, 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, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, 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.	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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	
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 VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2 a 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. ... 2 a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ... 2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? ... 3 a X	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 ... 3 b X	X	
4 a 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)? ... 4 a		X
b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ... 5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ... 5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? ... 5 c		
6 a 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? ... 6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ... 6 b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ... 7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? ... 7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ... 7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year ... 7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ... 7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... 7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ... 7 h		
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		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? ... 9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ... 9 b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 ... 10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10 b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders ... 11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ... 12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year ... 12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? ... 13 a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ... 13 b		
c Enter the amount of reserves on hand ... 13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year? ... 14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. ... 14 b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ... 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ... 16		X
If 'Yes,' complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a 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?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?		X
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed > NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

GREG FREEMAN P.O. Box 6335 LUBBOCK TX 79493

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) <u>Gary Smith</u> PRESIDENT	0 0			X			0.	0.	0.
(2) <u>Marilyn Gipson</u> SECRETARY	0 0			X			0.	0.	0.
(3) <u>GREG FREEMAN</u> TREASURER	0 0			X			0.	0.	0.
(4) <u>Jimmy Dirks</u> DIRECTOR	0 0	X					0.	0.	0.
(5) <u>DAVID MYERS</u> DIRECTOR	0 0	X					0.	0.	0.
(6) <u>Edwina Wight</u> Vice President	0 0			X			0	0	0
(7) <u>Tom Vermillion</u> Vice President	0 0			X			0	0	0
(8) <u>Joanne Jackson</u> Director	0 0	X					0	0	0
(9) <u>Norman Padgett</u> Director	0 0	X					0	0	0
(10) <u>Christy Smith-Gibbs</u> Director	0 0	X					0	0	0
(11) <u>Tam Stalcup</u> Director	0 0	X					0	0	0
(12) <u>Marshall Cooper</u> Director	0 0	X					0	0	0
(13) <u>Danny Leake</u> Director	0 0	X					0	0	0
(14) <u>Gene Cochran</u> Past President	0 0	X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									

1 b Sub-total 0. 0. 0.
 c Total from continuation sheets to Part VII, Section A 0. 0. 0.
 d Total (add lines 1b and 1c) 0. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b	22,461			
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)...	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f.....		22,461			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue...					
	g Total. Add lines 2a-2f.....					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts).....		158	158		
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6 a Gross rents.....					
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory.....					
	b Less: cost or other basis and sales expenses.....					
	c Gain or (loss).....					
	d Net gain or (loss).....					
	8 a Gross income from fundraising events (not including \$..... of contributions reported on line 1c). See Part IV, line 18.....		31,341			
	b Less: direct expenses.....		20,799			
	c Net income or (loss) from fundraising events.....		10,542			10,542
	9 a Gross income from gaming activities. See Part IV, line 19.....		1,468,966			
	b Less: direct expenses.....		1,397,401			
	c Net income or (loss) from gaming activities.....		71,565		66,866	4,699
	10 a Gross sales of inventory, less returns and allowances.....					
b Less: cost of goods sold.....						
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....						
12 Total revenue. See instructions.....			104,726	158	66,866	15,241

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	60,689	60,689		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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	394		394	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	100		100	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Meeting/Meal Costs	16,815		16,815	
b Dues	3,241		3,241	
c Scholarships	2,000		2,000	
d Meeting Supplies	300		300	
e All other expenses	2,268		2,268	
25 Total functional expenses. Add lines 1 through 24e	85,807	60,689	25,118	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	32,566	1	35,714
	2 Savings and temporary cash investments	11,601	2	19,756
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	36,500
	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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,951	8	1,105
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b 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.		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,108	16	93,075	
Liabilities	17 Accounts payable and accrued expenses.		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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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.	1	25	
	26 Total liabilities. Add lines 17 through 25	1	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,385	27	4,550
	28 Temporarily restricted net assets	30,121	28	88,525
	29 Permanently restricted net assets	11,601	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds.		32	
	33 Total net assets or fund balances	46,107	33	93,075
34 Total liabilities and net assets/fund balances	46,108	34	93,075	

Part XI Reconciliation of Net AssetsCheck 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	104,726.
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,807.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,919.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,107.
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	28,049.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,075.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

LUBBOCK SOUTH PLAINS LIONS CLUB

Employer identification number

75-6060611

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

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

		(a) Event #1 <i>Rose Sale</i> (event type)	(b) Event #2 <i>Sheet Sale</i> (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts.....	30,635	656		31,291
	2 Less: Contributions.....				
	3 Gross income (line 1 minus line 2).....	30,635	656		31,291
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....	19,653	896		20,549
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,549
	11 Net income summary. Subtract line 10 from line 3, column (d).....				10,742

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue.....	458,559	1,010,407	—	1,468,966
DIRECT EXPENSES	2 Cash prizes.....	355,850	733,106	—	1,088,956
	3 Noncash prizes.....	0	0	—	0
	4 Rent/facility costs.....	3,727	92,570	—	96,297
	5 Other direct expenses.....	94,283	117,865	—	212,148
	6 Volunteer labor.....	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				1,397,401
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				71,565

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

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

b If 'No,' explain.

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

b If 'Yes,' explain.

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

13 Indicate the percentage of gaming activity conducted in:

- | | | |
|-------------------------------|-----|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |

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

Name ▶ Donna Pierce

Address ▶ P.O. Box 53788, Lubbock, TX 79453

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ Lydia Hockenberry / Dora Ramirez

Gaming manager compensation ▶ \$ 7,927

Description of services provided ▶ Manage Bingo Operations, Hire Workers, Prepare Paper

☐ Director/officer ☒ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 21,771

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

Part III, Line 17b
Distributions Required Under State Law
Texas
\$ 21,771

SCHEDULE I
(Form 990)

Department of the Treasury
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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

LUBBOCK SOUTH PLAINS LIONS CLUB

Employer identification number

75-6060611

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Lubbock Boys & Girls Club 3221 52nd Street Lubbock, TX 79413	75-1037228	501(c)(3)	21,317				Operations
(2) Texas Boys Ranch 4810 NCR 2800 Lubbock, TX 79403	23-7292527	501(c)(3)	5,958				Operations
(3) Lubbock Childrens Health 1307 MLK Blvd. Lubbock TX 79403	75-0968315	501(c)(3)	5,000				Operations
(4) South Plains Food Bank 5605 MLK Blvd Lubbock, TX 79404	75-1904829	501(c)(3)	5,000				Operations
(5) Lubbock Meals on Wheels 2304 34th Street Lubbock, TX 79411	75-1333736	501(c)(3)	5,000				Operations
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

3 Enter total number of other organizations listed in the line 1 table

5

0

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

TEEA3901L 07/13/18

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

LUBBOCK SOUTH PLAINS LIONS CLUB

Employer identification number

75-6060611

Form 990, Part III, Line 4d - Other Program Services Descrip.
South Plains Food Bank

To provide financial assistance to help feed the homeless and the underserved individuals in the South Plains area of the Texas Panhandle. To provide financial assistance to provide kids a hot meal after school at designated Kids Cafe locations through the South Plains Food Bank.

Lubbock Meals on Wheels

To provide financial assistance to allow the organization to provide meals to the elderly and shut-ins; Provide volunteers to deliver meals to the recipients.

Junior League of Lubbock, Inc.

To provide financial assistance for the "Food 2 Kids" program to combat the hunger problem in elementary school age kids from the underserved segment of our community.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

75-6060611

Form 990, Part III, Line 4d - Other Program Services Descrip.

American Diabetes Association

To provide financial assistance to allow
local kids that have been diagnosed with diabetes
to attend summer camp.

Texas Lions Camp

To provide financial assistance for summer
camps for handicapped children and children
suffering from diabetes and down syndrome
disease.

Alzheimer's Association West Texas Chapter

To provide financial assistance to allow the
local chapter to provide education and support
to all those facing Alzheimer's and other
dementias including patients living with the
disease, caregivers, healthcare professionals and
families.

District 2-T2 Lions Club

To provide financial assistance in support of
the fundraising project of the District in
support of Lions organizations assisting blind
individuals and deaf individuals.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

LUBBOCK SOUTH PLAINS LIONS CLUB

75-6060611

Form 990 Part III, Line 4d - Other Program Services Descrip.

Texas Lions Eyeglass Recycling Center

To provide financial assistance to allow used eyeglasses to be recycled and provide eyecare treatment to third world countries and school aged children in the South Plains area of Texas.

Big Brothers/Big Sisters

To provide financial assistance to allow the pairing of a mentor with children of single parent households.

District 2-T2 Lions Club

Provide financial assistance to allow scholarship awards to be made to deserving students based on their knowledge of drug awareness and addiction, diabetes awareness and treatment of the disease, and to overall service activities of the student encompassing scholastics and volunteer service.

Great Plains Lions Eyebank

To provide financial assistance so that individuals that need cornea transplants or care for eye diseases can receive treatment.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number

LUBBOCK SOUTH PLAINS LIONS CLUB

75-6060611

Form 990, Part III, line 4d - Other Program Services Descrip

Books are the Beginning

Provide financial assistance to program to present books to elementary aged students for their personal ownership to encourage students to read.

Local Area New Lions Clubs

Provide assistance for newly established Lions Clubs as they begin the process of providing services to those in need in their local area.

Lions Club International Foundation

To provide financial assistance to the organization that provides relief to those that have suffered natural disasters around the world.

Leader Dogs for the Blind

To provide financial assistance to the organization to provide and train service dogs for individuals that have lost their eyesight.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

▶ Attach to Form 990 or 990-EZ.

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

LUBBOCK SOUTH PLAINS LIONS CLUB

75-6060611

Form 990, Part III, line 4d - Other Program Services Description

District 2-T2 Hearing Bank

To provide financial assistance for the underprivileged individuals and school children that need hearing aids.

Texas Lions Foundation

To provide financial assistance to the organization that provides assistance to Texas citizens that have suffered due to natural disasters in Texas.

World Services for the Blind

To provide financial assistance to allow the institution to educate and train individuals that have lost their eyesight.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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OMB No 1545-0047

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Name of the organization

LUBBOCK SOUTH PLAINS LIONS CLUB

Employer identification number

75-6060611

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LUBBOCK SOUTH PLAINS LIONS CLUB

Employer identification number

75-6060611

Form 990, Part XI, Line 9

Other Changes in Net Assets or Fund Balances

Deferred Bingo Proceeds \$ 36,500

Income tax paid < 8,507 >

Prior period correction 56

Total \$ 28,049