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Form 990-EZ

OMB No 1545-1150

# Short Form

## Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type  
See Specific Instructions.

C LIONS INTL WOODCLIFF LIONS CLUB  
RT 2 WOODCLIFF  
FREMONT, NE 68025

D Employer identification number

47-0628716

E Telephone number

F Group Exemption Number

► 0239

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c) (4) (insert no) 4947(a)(1) or 527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 58,958.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received.	1	6,500.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	3,900.
4	Investment income	4	464.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	48,094.
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	28,542.
b	Less direct expenses other than fundraising expenses	6c	19,552.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► _____)	9	30,416.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► RECEIVED	10	23,396.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	390.
13	Professional fees and other payments to independent contractors	14	1,354.
14	Occupancy, rent, utilities, and maintenance	15	1,443.
15	Printing, publications, postage, and shipping	16	5,408.
16	Other expenses (describe ► See Statement 2)	17	31,991.
17	Total expenses. Add lines 10 through 16	18	-1,575.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	33,710.
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	32,135.
21	Net assets or fund balances at end of year Combine lines 18 through 20		

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	33,710.	22
23		32,135.
24		23
25		24
26	33,710.	25
27	0.	32,135.
28	33,710.	26
29		0.
30	33,710.	27
31		32,135.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments (See the instructions.)**

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **SUPPORT OF THE BLIND & SIGHT IMPAIRED**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 ORGANIZATION ESTABLISHED TO HELP SUPPORT BLIND AND SIGHT IMPAIRED PERSONS

28a 31,991.

29

29a

30

303

21

31 a

**31 Other program services (attach schedule)**

31 a

89

33

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

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

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

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 period covered by this return?

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

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► **N/A**; section 4912 ► **N/A**; section 4955 ► **N/A**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **0**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► **0**

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 ► **None**

42a The organization's books are in care of ► **FLOYD GRIFFITH**

Telephone no. ► **402-721-0183**

Located at ► **980 CO RD "W" LOT T-24 FREMONT NE** ZIP + 4 ► **68025**

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 ► **\_\_\_\_\_**

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

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**  **N/A**

	Yes	No
44		X
45		X

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

## Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

	Yes	No
46		
47		
48		
49a		
49b		

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

Sign Here	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	
	► <i>Floyd L. Griffith</i>	Date ► 5/12/11
	► Signature of officer	Preparer's Identifying Number (See Instructions)
	► <i>Floyd L. Griffith, Treasurer</i>	P00292132
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► <i>Nina B. Kavich</i>	Date 5/10/11	Check if self-employed ► <input checked="" type="checkbox"/> X	Preparer's Identifying Number (See Instructions) P00292132
	Firm's name (or yours if self-employed), address, and ZIP+4 ► <i>Nina B. Kavich, CPA</i>	EIN	► 47-0628844	
	► <i>1835 East Military, Suite 123</i>	Phone no	► (402) 727-7389	
	<i>Fremont, NE 68025</i>			

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes

No

Form 990-EZ (2009)

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Name of the organization

**Employer identification number**

47-0628716

## LIONS INTL WOODCLIFF LIONS CLUB

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

Mail solicitations  Solicitation of non-governmental organizations

<input type="checkbox"/> Main solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

**Total**

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

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Sales of Items (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
		48,094.			48,094.
	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	48,094.			48,094.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,542.			28,542.
	10 Direct expense summary Add lines 4- through 9 in column (d)				28,542.
	11 Net income summary Combine lines 3, column (d) and line 10				19,552.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If 'No,' explain

-----

YES	NO
-----	----

9a

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

b If 'Yes,' explain

-----

10a

11 Does the organization operate gaming activities with nonmembers?

11

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?

12

\* Fireworks & Golf Tournament

13 Indicate the percentage of gaming activity operated in  
 a The organization's facility  
 b An outside facility

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

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 ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

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?

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 ► \$ \_\_\_\_\_

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name: Cash Amount Given:	CEDAR BLUFFS SCHOOL POST PROM	\$ 100.
Donee's Name: Cash Amount Given:	SALVATION ARMY	\$ 500.
Donee's Name: Cash Amount Given:	FREMONT CRISIS CENTER	\$ 500.
Donee's Name: Cash Amount Given:	MAKE-A-WISH FOUNDATION	\$ 500.
Donee's Name: Cash Amount Given:	FREMONT LOW INCOME MINISTRY	\$ 500.
Donee's Name: Cash Amount Given:	SAUNDER COUNTY FOOD PANTRY	\$ 500.
Donee's Name: Cash Amount Given:	JEFFERSON HOUSE FOR CHILDREN	\$ 500.
Donee's Name: Cash Amount Given:	HABITAT FOR HUMANITY	\$ 500.
Donee's Name: Cash Amount Given:	AMERICAN DIABETES SOCIETY	\$ 300.
Donee's Name: Cash Amount Given:	TOYS FOR TOTS	\$ 250.
Donee's Name: Cash Amount Given:	DODGE COUNTY HUMANE SOCIETY	\$ 250.
Donee's Name: Cash Amount Given:	DODGE COUNTY AMERICAN REDCROSS	\$ 500.
Donee's Name: Cash Amount Given:	CEDAR BLUFFS FIRE & RESCUE	\$ 1,000.
Donee's Name: Cash Amount Given:	RADIO TALKING BOOKS	\$ 200.
Donee's Name: Cash Amount Given:	CARE CORPS OF FREMONT	\$ 200.
Donee's Name: Cash Amount Given:	SHOP WITH A COP	\$ 300.
Donee's Name: Cash Amount Given:	LEUKEMIA & LYMPHOMA SOCIETY	\$ 500.

## LIONS INTL WOODCLIFF LIONS CLUB

47-0628716

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	LEADER DOG		
Cash Amount Given:		\$	500.
Donee's Name:	OTHER-VARIOUS		
Cash Amount Given:		\$	2,762.
Donee's Name:	NEBRASKA LIONS FUNDATION		
Cash Amount Given:		\$	534.
Donee's Name:	LIONS CLUB INTERNATIONAL FOUNDATION		
Cash Amount Given:		\$	2,500.
Donee's Name:	WOODCLIFF LIONS CLUB INC.		
Cash Amount Given:		\$	6,500.
Donee's Name:	DODGE COUNTY REACT		
Cash Amount Given:		\$	250.
Donee's Name:	CREIGHTON UNIVERSITY		
Cash Amount Given:		\$	500.
Donee's Name:	DOANE COLLEGE		
Cash Amount Given:		\$	500.
Donee's Name:	LIGHT THE NIGHT		
Cash Amount Given:		\$	200.
Donee's Name:	INT HEARING DOGS		
Cash Amount Given:		\$	500.
Donee's Name:	LIONS EYE BANK OF NEBRASKA		
Cash Amount Given:		\$	500.
Donee's Name:	FREMONT FLYERS BOOSTER CLUB		
Cash Amount Given:		\$	400.
Donee's Name:	ROYAL FAMILY KIDS CAMPS		
Cash Amount Given:		\$	550.
Donee's Name:	RELAY FOR LIFE		
Cash Amount Given:		\$	100.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK CHARGES		\$	40.
NATIONAL & DISTRICT DUES			4,703.
OFFICE SUPPLIES			94.
SUPPLIES			571.
Total		\$	<u>5,408.</u>





- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>LIONS INT'L WOODCLIFF LIONS CLUB</b>	Employer identification number  <b>47-0628716</b>  For IRS use only
	Number street, and room or suite number. If a P O box, see instructions  <b>Nina B. Kavich, CPA 1835 East Military, Suite 123</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>Fremont, NE 68025</b>	

**Check type of return to be filed** (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **FLOYD GRIFFITH** -----  
Telephone No ► **402-721-0183** ----- FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 11
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension All information required to file an accurate return is not available at this time.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **CPA** Date ► **2/19/09**