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## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2010

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

Inspection

A F	or the	2010 calendar year, or tax year beginning しししく , 2010, and ending	JU	Ν.	<i>3</i> 0 , 20 //				
В	Zheck dag	neck of applicable: C Name of organization			D Employer identification number				
	Address o		47-6039058						
	Name cha		E Telephone number						
=	Initial retu Terminate	10 60 312	402-371-7657						
=	Amended	City or town state or country, and ZIP + 4	F Grou	ıp Exe	mption 20				
	Applicatio	return n pending NORFOLK, NE 68702-0392			<sup>1</sup> 0239				
G /	<b>Account</b>	ing Method: ☐ Cash ☐ Accrual Other (specify) ► H	Check ► X if the organization is not						
	<b>Nebsit</b>		required to attach Schedule B						
JT	ax-exer		<del>-</del>		)-EZ, or 990-PF).				
• • •	Check •	—							
		00-EZ or Form 990 retum is not required though Form 990-N (e-postcard) may be required (see instructive return, be sure to file a complete return.	tions). B	iut ii th	e organization chooses				
_		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	/Dort II						
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, (Fait II,						
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	inetrus	tions	for Dort I \				
أيا	arti	Check if the organization used Schedule O to respond to any question in this Part I		CHOIS	lor Part I.)				
	1	Contributions, gifts, grants, and similar amounts received		· ·	1 3/4 U				
	2	Program service revenue including government fees and contracts		2	01,001				
	3	Membership dues and assessments	!	3	26.459				
	4	Investment income	[	4	ΑΦ, 137				
	5a	Gross amount from sale of assets other than inventory 5a			<del></del>				
	b	Less: cost or other basis and sales expenses			-				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c					
	6	Gaming and fundraising events							
	а	Gross income from gaming (attach Schedule G if greater than	-						
9	}	\$15,000)		ŀ					
Revenue	b	Gross income from fundraising events (not including \$ of contributions	s						
Æ		from fundraising events reported on line 1) (attach Schedule G if the		i					
		sum of such gross income and contributions exceeds \$ 5,000)   6b							
	С	Less: direct expenses from garning and fundraising events 6c							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract						
		line 6c)	[	6d	<del></del>				
	7a	Gross sales of inventory, less returns and allowances		1					
	b	Less: cost of goods sold OGDEN UT		_ ]					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<del></del>				
í	8	Other revenue (describe in Schedule 0)		8	60.000				
: —	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 💌	9	87,823				
	11	Benefits paid to or for members		10 11	· · · · · · · · · · · · · · · · · · ·				
, <b>(</b> 2)	12	Salaries, other compensation, and employee benefits	}	$\overline{}$					
Expenses	13	Professional fees and other payments to independent contractors	• • }	12					
96	14	Occupancy, rent, utilities, and maintenance		14					
X	15	Printing, publications, postage, and shipping	!	15					
	16	Other expenses (describe in Schedule O)	· · }	16	93,987				
	17	Total expenses. Add lines 10 through 16		17	93,987				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(6.164)				
3et	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with						
Ase		end-of-year figure reported on prior year's return)		19	18,256				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20					
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ▶	21	12,093				
For	Papen	work Reduction Act Notice, see the separate instructions. Cat No 106421			Form <b>990-EZ</b> (2010)				

Pa	Balance Sheets. (see the instructions Check if the organization used Schedule	TOT Part II.)	etion in this Dart I	١		<u></u>
	Check if the organization used Schedule	O to respond to any ques		ginning of year		B) End of year
~~	Cash, savings, and investments			,256	22	<b>5,</b> 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
·22 23	Land and buildings		· · ·   - · ·	1224	23	
24	Other assets (describe in Schedule O)				24	<del></del>
25	Total assets		87	, 823	25	
26	Total liabilities (describe in Schedule O)			,487	26	
27	Net assets or fund balances (line 27 of column	(B) must agree with line 2	1)		27	12,093
Par	t III Statement of Program Service Accom					Expenses
	Check if the organization used Schedule			li 🗆		ired for section (3) and 501(c)(4)
Wha	t is the organization's primary exempt purpose?	CIVIC/SOCIAL.	<u>SERVICES</u>			nzations and section
	ribe what was achieved in carrying out the organization			er, describe		a)(1) trusts; optional
	ervices provided, the number of persons benefited, and		• •	val	for ot	ners.)
28	NEBRASIA FOSTBALL TICKET CAFF					- 10
	HS SCHOLARSHIPS, VET CHRISTMASS FOR LIFE	OCTI VILLEBEHNO, C	ANCOZ CEZA	<u> </u>		1824
		includes foreign grants, ch	ack hara	<b>—</b>	28a	, 🔾
29	SHOUGUN PAFFLE FOR CHARTY F	UND TO HEED WITH	L NEBP LION	<u> </u>	200	
	EYEGIASS FOUNDATION, LARGE PRIN					
	FIREGORYS, TEAMMATES, BIG SIST					1300
		includes foreign grants, ch	eck here	. ▶ 🗆	29a	•
30	PANCAKE FEED FOR CHARITY FO	MD TO HEAD WITH (	HEBTIMS C			
	NEIGHBORS, SALUATION ARMY, L	EADER WOLD, HEARIN	46 BOG GUIB	E 806,		10 901
	EYEGLASED, YMCA STRANG KIDS	·				10,801
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (describe in Schedule O)	FIGHER GNOIN	e CHRMY	FUND_		1482
20	(Grants \$ ) If this amount  Total program service expenses (add lines 28a	includes foreign grants, ch		<u>. ▶ U</u>	31a	
Par			ven if not compens	tod (see the i	32	15,412
ı aı				1100. (See ille i	1138 00	duna lur i air iv.)
	Check if the organization used Schedule	O to respond to any ques	stion in this Part I	V		
	Check if the organization used Schedule	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address				plans &	
	(a) Name and address WARNE KEFTH 1018 ST HWY 35	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred comper	plans &	account and other allowances
<u> </u>	(a) Name and address WARNE KEFTH 1019 ST HWY 35 WARDLK, NE 68701	(b) Title and average hours per week devoted to position  PRESIDENT	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit	plans &	account and
ر ا ا	(a) Name and address  WARNE KEFFH 1018 ST HWY 35  VOICELK, NE 68701  EFF BUKKINK 1301 N. 80th	(b) Title and average hours per week devoted to position  PRESIDENT  I'Z HES  SECRETARY	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred comper	plans &	account and other allowances
	(a) Name and address  WARNE KEFTH 1019 ST HWY 35  VORFOLK, NE 68701  EFF BUKKINK 1301 N. 80th  T NORFOLK, NE 68701	(b) Title and average hours per week devoted to position  PRESIDENT  1/2 HRS  SECRETARY  3 HRS	(c) Compensation (if not paid, enter -0) FREE DUES FREE TOUES	(d) Contribution employee benefit deferred comper  No NE  No NE	plans &	account and other allowances
	(a) Name and address  WARNE KEFTH IDIS ST HWY 35  VORFOLK, NE 68701  TO NORFOLK, NE 68701  ARP L JOHNSON 2111 COLEGE	(b) Title and average hours per week devoted to position  PRESIDENT  1/2 HRS  SECRETARY  3 HRS	(c) Compensation (If not paid, enter -0)  FREE DUES  FREE DUES  FREE DUES	(d) Contribution employee benefit deferred comper	plans &	account and other allowances
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
<b>`33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ъ 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   [37a] NONE  Did the organization file Form 1120-POL for this year?	37b		χ
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		X
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NONE Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA	1		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		X
41	List the states with which a copy of this return is filed. ▶			<u></u>
42a	The organization's books are in care of ▶ GARY JOHNSON  Located at ▶ 2111 COLLEGE VIEW W. NORFOLK, NE ZIP+4 ▶	-371 68		257
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		Yes	No
	account)?	42b		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
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		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No ✓
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	44a		<u>^</u>
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an	44b 44c	<u>-</u>	<b>X</b>
	explanation in Schedule O	44d	L	L

Form 990	n_67 /2	2010)						F	Page 4
	- LZ (2							Yes	<del></del> .
45 `	ls an	y related organization a controlled entity	of the organization within th	ne mean	ing of section	n 512(b)(13)?	45	-00	X
		he organization receive any payment fro					<u> </u>	<del>                                     </del>	<del>-/</del> -
		ning of section 512(b)(13)? If "Yes," Fo						ł	
	Form	990-EZ (see instructions)					45a		X
		the organization engage, directly or indire andidates for public office? If "Yes," con					46		X
Part \	/	Section 501(c)(3) organizations ar	nd section 4947(a)(1) nor	nexemi	ot charitabl	e trusts only. A	JI sec	tion	·/·
		501(c)(3) organizations and section	4947(a)(1) nonexempt cha	aritable	trusts must	answer question	ns 4	7-49	b
		and 52, and complete the tables for							
		Check if the organization used Sched	ule O to respond to any qu	estion i	in this Part V	<u> </u>			. 🗀
								Yes	No
		he organization engage in lobbying activ					47	L.	LX.
		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48	L.	ĻĶ.	
		he organization make any transfers to a	•	ited orga	anization? .		49a	L.	ĻX .
		es," was the related organization a section	_	<i>:</i> · ·			49b	L	Ļ
		plete this table for the organization's fiv loyees) who each received more than \$1							
	empi	loyees) who each received more than \$1	(b) Title and average		Garrization. II	(d) Contributions to		Exper	
	(a) Na	ame and address of each employee paid more than \$100,000	hours per week devoted to position	,,,,		employee benefit plans a deferred compensation	àc	count a r allowa	and
	4-8	st <u> </u>		ĺ					
	101	10							
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		· · · · · · · · · · · · · · · · · · ·		+			<del> </del>		
							1		
				+			$\vdash$		
				-			1		
f	Total	number of other employees paid over \$	100 000						
		plete this table for the organization's fi		depende	ent contracto	rs who each rec	eived	more	than
		,000 of compensation from the organization							
		(a) Name and address of each independent contra	ctor paid more than \$100,000		<b>(b)</b> Тур	e of service	(c) Co	mpens	ation
	~/								
	Λ	DNC							
						1			
	<del>-</del>								
		number of other independent contracto			.▶				
		he organization complete Schedule A?		-			<b>-</b>	_	
		exempt charitable trusts must attach a co			<u>· · · · · · </u>		Yes		No
Under pe true, corr	nafties ect, ar	s of perjury, I declare that I have examined this returned complete. Declaration of preparer (other than offi	n, including accompanying schedule ced is based on all information of wi	s and stat	tements, and to t	he best of my knowled dedge	ige an	d belief	, it is
	<del>-</del>					/	/		
		X X			•	12/20	/1/		
Sign	Signature of officer					//			
Here		BARY I (AKARA)	TOTALIVED		Ľ	ate /			
		Type or print name and title	1 KTIONGS						
		T = 72	reparer's signature		Date	<del></del>	PTIN		
Paid		Print/Type preparer's name	apara o orginaturo		Jaic	Check     f	r 1 11N		
Prepa		Firm's name b				self-employed			
Use C	Inty	Firm's name			F	imn's ElN ▶			

Firm's address 

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

► ☐ Yes ☐ No

## Norfolk Lions Club Program Service Accomplishments 2010-2011

**Lions Club Objectives:** 

To Create and foster a spirit of understanding among the peoples of the world.

To Promote the principles of good government and good citizenship.

To Take an active interest in the civic, cultural, social and moral welfare of the community.

To Unite the clubs in the bonds of friendship, good fellowship and mutual understanding.

To Provide a forum for the open discussion of all matters of public interest: provided, however, that partisan politics and sectarian religion shall not be debated by club members.

To Encourage service-minded people to serve their community without personal financial reward, and to encourage efficiency and promote high ethical stands in commerce, industry, professions, public works and private endeavors.

Lions motto "We Serve" is recognized for service of the blind and visual impaired.

Project #1		<b>Donations for Fiscal Year:</b>						
Nebraska Fo	otball Ticket Raffle	Good Neighbors						
Debit	\$1829.00	Salvation Army						
Credi	t \$5520.00	Post Proms						
Profit	\$3691.00	Guide & Hearing Dogs						
		HS Scholarships						
Project #2		Nebr. Lions Foundation						
Shotgun Raft	fle	LCIF						
Debit	\$1300.00	Library-Lg Print Books						
Credi	t \$2754.00	Chamber Building						
Profit	\$1454.00	R. Shaffer Scholarship Fund						
Project #3		UNL Foundation						
Pancake Feed	d	Music Awards-Youth Req.						
Debit	\$10,801.00	Veterans Gift Program						
Credi	t \$26,167.00	Relay for Life						
Profit	\$15,366.00	Big Bang Boom						
		Teammates						
Project #4		Faith Regional Hospital						
Parade		YMCA-Strong Kids						
Debit	\$1482.00	S.M.I.L.E.						
Credi	t \$1663.00	Vision/Glasses Program						
Profit	\$ 181.00	Big Brother/Big Sister						
		American Legion Baseball						
		Mercy Meals						
		<b>NECC Nursing Project</b>						
		Nord Park Re-do						
		Wounded Warriors						
		Little Sister Liberty Re-do						