



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010**Open to Public Inspection**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.

A For the 2010 calendar year, or tax year beginning 7/1/2010 , and ending 6/30/2011	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PFLUGERVILLE LIONS CLUB Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 722 City or town state or country ZIP + 4 PFLUGERVILLE TX 78691-0722
	D Employer identification number 51-0141145 E Telephone number (512) 251-5466 F Group Exemption Number ► 0239
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____ H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► N/A J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.	

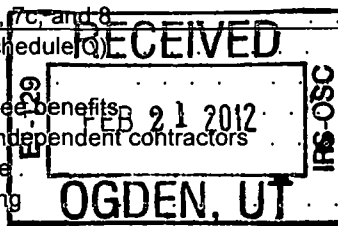
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **166,917**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,294
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,900
	4 Investment income	4	47,529
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	31,298
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	74,896
	c Less direct expenses from gaming and fundraising events	6c	47,650
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	58,544
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,267
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	68,288
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	15,235
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	31,488
	17 Total expenses. Add lines 10 through 16	17	115,011
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,256
	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)	19	194,981
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	199,237

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

SCANNED MAR 09 2012



Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	80,522	22 90,346
23 Land and buildings	114,459	23 108,891
24 Other assets (describe in Schedule O)		24
25 Total assets	194,981	25 199,237
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	194,981	27 199,237

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **SUPPORT WORTHY LOCAL AND GLOBAL CAUSES**

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, and other relevant information for each program title

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

28 DONATIONS TO LIONS CLUB INTERNATIONAL FOR THEIR STATE, NATIONAL, AND INTERNATIONAL PROGRAMS. THESE INCLUDE LIONS CAMP, EYE BANK, LEADER DOG, LIONS FOUNDATION. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,928
29 SCHOLARSHIPS GIVEN TO SEVEN STUDENTS TO ASSIST WITH THE COSTS OF HIGHER EDUCATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,500
30 DONATIONS FOR SCHOOL SUPPLIES FOR STUDENTS IN NEED, FOOD PANTRY DONATIONS TO HELP FEED THE HUNGRY, DONATIONS TO SCHOOL NURSES, DONATIONS OF CHRISTMAS GIFTS TO LESS FORTUNATE CHILDREN, SUPPORT OF PFLUGERVILLE CIRCLE OF FRIENDS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	34,655
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	63,083

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FRED MAASS	Title PRESIDENT Hr/WK 2 00	0		
LARRY HODDE	Title VP Hr/WK 2 00	0		
STEVE SHEFFIELD	Title TREASURER Hr/WK 2.00	0		
WILFORD PRUESSE	Title MEMBER Hr/WK 2 00	0		
DAN URBAN	Title MEMBER Hr/WK 2 00	0		
CHARLES MOTT	Title MEMBER Hr/WK 2.00	0		
WILLARD HEBBE	Title MEMBER Hr/WK 2.00	0		
JULIAN KOSH	Title MEMBER Hr/WK 2 00	0		
ROBERT WEISS	Title MEMBER Hr/WK 2.00	0		
ATLAN PFLUGER	Title MEMBER Hr/WK 2.00	0		
STANLEY PFEIL	Title MEMBER Hr/WK 2 00	0		
MIKE CALLAHAN	Title MEMBER Hr/WK 2 00	0		
MARK HARDY	Title MEMBER Hr/WK 2.00	0		

Part V 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
33 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		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)		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		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
38 a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶, section 4912 ▶; section 4955 ▶		
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		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 ▶		
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		X
41 List the states with which a copy of this return is filed ▶ NONE		
42 a The organization's books are in care of ▶ WILLARD HEBBE Telephone no ▶ (512) 251-5466		
Located at ▶ P.O. BOX 722 City PFLUGERVILLE ST TX ZIP + 4 ▶ 79691-0722		
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)?		X
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.?		X
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 ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

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

45a		X
------------	--	---

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

46		X
-----------	--	---

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 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

	Yes	No
47		

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

48		
-----------	--	--

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

49a		
------------	--	--

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

49b		
------------	--	--

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

(a) Name and 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 & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00		
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00		
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00		
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00		
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00		

f Total number of other employees paid over \$100,000 **0**

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
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

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

Sign Here Signature of officer Fred Maass Date Feb. 13, 2012
Type or print name and title Fred Maass - President

Paid Preparer's Use Only Preparer's name JEFF MONZINGO Preparer's signature [Signature] Date 2/1/2012 Check if self-employed ☐ PTIN P00148216
Firm's name BLAKESLEE MONZINGO CO Firm's EIN 74-3001734
Firm's address P.O. BOX 2029, PFLUGERVILLE, TX 78691-2029 Phone no (512) 251-5668

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

Page 1 of 1 of Part IV

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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.

OMB No 1545-0047

2010

Open to Public
Inspection

PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a 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 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.

(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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	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" to 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 <u>DEUTSHEN PFEST BOOTH</u> (event type)	(b) Event #2 <u>DINNER PARTY EVENT</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	15,958	43,994	14,944	74,896
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	15,958	43,994	14,944	74,896
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	8,400	470	8,870
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	2,478	447	2,925
	8 Entertainment	0	0	0	0
	9 Other direct expenses	10,924	7,133	4,710	22,767
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(34,562)
	11 Net income summary. Combine line 3, column (d), and line 10				40,334

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	31,298			31,298
	2 Cash prizes	11,741			11,741
Direct Expenses	3 Noncash prizes	0			0
	4 Rent/facility costs				0
	5 Other direct expenses	1,347			1,347
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00% <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)				(13,088)
	8 Net gaming income summary. Combine line 1, column d, and line 7				18,210

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

a Is the organization licensed to operate 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 operate 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 operated in:
- | | | |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | 100.00% |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ STEVE SHEFFIELD

Address ▶ P.O. BOX 722 PFLUGERVILLE, TX 78691

- 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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶ OMAR PENA

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ HELPS OVERSEE BINGO FOR THE ORGANIZATION

☒ 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 ▶ \$ 0

Part IV **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

PFLUGERVILLE LIONS CLUB

51-0141145

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings 6,272

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation 5,568

Form 990-EZ, Part I, Line 16, Other Expenses: HALL RENTAL EXPENSES 18,423

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS 1,225

Form 990-EZ Part I Line 10 LIONS CLUB PROGRAM DONATIONS \$20,928, BLUE SANTA \$1,500, FOOD

PANTRY \$3,600, SCHOLARSHIPS \$7,500, SCHOOL SUPPLIES \$5,000, SCHOOL NURSES \$4,017, MISSIONS

\$1,000, H.E.L.P. 2,818, CIRCLE OF FRIENDS \$21,925 PFLUGERVILLE, TEXAS

Name of the organization

Employer identification number

PFLUGERVILLE LIONS CLUB

51-0141145