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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)

OMB No 1545-1150

2010

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- 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			C Name of organization			D Employer identification number
<input type="checkbox"/>	Address change			PFLUGERVILLE LIONS CLUB			51-0141145
<input type="checkbox"/>	Name change			Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/>	Initial return			P.O. BOX 722			(512) 251-5466
<input type="checkbox"/>	Terminated			City or town	state or county	ZIP + 4	F Group Exemption Number ►
<input type="checkbox"/>	Amended return			PFLUGERVILLE	TX	78691-0722	0239
<input type="checkbox"/>	Application pending						
G	Accounting Method			<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input 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 ► 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.)

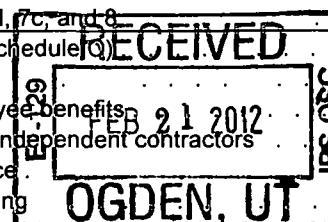
Check if the organization used Schedule O to respond to any question in this Part I.

	Revenue	Expenses	Net Assets
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 \$ 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	9	
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	17	
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	21	

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2010)



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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 **Expenses**

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

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

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)		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.

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. 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.

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? 35a X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b 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. 36 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? 37b

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? 38a 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 ► 40b X, section 4912 ► 40c ; section 4955 ► 40d

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. 40e 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. 40f

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

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. 40h

41 List the states with which a copy of this return is filed ► NONE42 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 ► 79691-0722b 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)? 42b XIf "Yes," enter the name of the foreign country: ► 42c X

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.? If "Yes," enter the name of the foreign country: ► 42d 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

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. 44a 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. 44b X

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
 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. 45 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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a	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 None 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. ►

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 None 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. ►

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 X 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 ► *Fred Maass* *Feb. 13, 2012*
 Signature of officer Date
 ► *Fred Maass - President* *Feb. 13, 2012*
 Type or print name and title

Paid Preparer's Use Only	Print/Type preparer's name JEFF MONZINGO	Preparer's signature <i>Jeff Monzingo</i>	Date 2/1/2012	Check if self-employed <input type="checkbox"/>	PTIN P00148216
	Firm's name ► BLAKESLEE MONZINGO CO.				Firm's EIN ► 74-3001734
	Firm's address ► P.O. BOX 2019, PFLUGERVILLE, TX 78691-2029				Phone no (512) 251-5668

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

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

PFLUGERVILLE LIONS CLUB

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 e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

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
1			Yes	No	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	(b) Event #2	(c) Other events	(d) Total events
		DEUTSHEN PFEST BOOTH (event type)	DINNER PARTY EVENT (event type)	2 (total number)	(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))
		31,298			31,298
Revenue	1 Gross revenue	31,298			31,298
	2 Cash prizes	11,741			11,741
	3 Noncash prizes	0			0
Direct Expenses	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).

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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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

PFLUGERVILLE LIONS CLUB

Employer identification number

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

PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145