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Short Form
Return of Organization Exempt From Income TaxUnder 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

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		July 1	, 2011, and ending	June 30	20 12	
B Check if applicable		D Employer identification number				
<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		31 6061912				
C Name of organization Northridge Lions Club		E Telephone number				
Number and street (or P O box, if mail is not delivered to street address) 4590 Derr Rd.		F Group Exemption Number ► 0239				
City or town, state or country, and ZIP + 4 Springfield, Ohio 45503						
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: ► _____						
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (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 or a section 527 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		► \$ 66989.68				
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. <input checked="" type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received	1				
	2 Program service revenue including government fees and contracts	2				
	3 Membership dues and assessments	3 22890.97				
	4 Investment income	4 14.88				
	5a Gross amount from sale of assets other than inventory	5a	5c			
	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)					
	6 Gaming and fundraising events					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
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	45534.17				
c Less: direct expenses from gaming and fundraising events	6c	28151.64				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d 17382.53	
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	
8 Other revenue (describe in Schedule O)					8 -1450.34	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►				9 38838.04	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 13248.68				
	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 Printing, publications, postage, and shipping	15				
	16 Other expenses (describe in Schedule O)	16 18523.10				
17 Total expenses. Add lines 10 through 16	►				17 31771.78	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7066.26				
	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 76323.48				
	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 83389.71

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	43323.48	22 50389.74
23	Land and buildings	33000.00	23 33000.00
24	Other assets (describe in Schedule O)		24
25	Total assets	76323.48	25 83389.74
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	76323.48	27 83389.74

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

What is the organization's primary exempt purpose? **Community and youth improvement.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 Lions Club International provides eye care to community, state and national projects Our club provided free eye care and made donations to eye projects.			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	4000.00
29 As a community club we put our resources in the community working toward providing neighborhood improvements			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a	2518.93
30 As a community club we are also concerned with assisting youth . We provide various activities and donations to our elementary and high school youth			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a	6729.75
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	13248.68

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 Q to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

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 tax year 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 ► _____ ; 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

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.

41 List the states with which a copy of this return is filed. ► None

42a The organization's books are in care of ► Dewey Vulgamore Telephone no. ► 937-390-1458-
Located at ► Springfield, Ohio ZIP + 4 ► 45503

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: ► _____

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 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

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

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

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

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

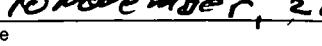
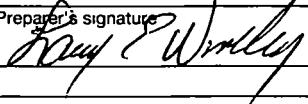
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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 (see instructions)

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c	✓	
36	✓	
37a		
37b	✓	
38a	✓	
38b		
39a		
39b		
40a		
40b	✓	
40c		
40d		
40e	✓	

	Yes	No
42b	✓	
42c	✓	

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d	✓	
45a	✓	
45b	✓	

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	Yes	No	
		46	✓	
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 <input type="checkbox"/>				
47	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	Yes	No	
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) Reportable compensation (Forms W-2/1099-MISC)	
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				
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	<input type="checkbox"/> Yes <input type="checkbox"/> 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		Date  October, 2012	
	Dewey Vulgamore Secretary Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Larry E. Woolley	Preparer's signature 	Date 11/8/2012	Check <input checked="" type="checkbox"/> if self-employed P00449970
	Firm's name ► Larry E. Woolley		Firm's EIN ► 31-6168134	
	Firm's address ► 515 E. Cassilly St. Springfield, Ohio 45503		Phone no 937-322-8224	
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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	Dewey Vulgamore Signature of officer	December, 2012 Date
	Dewey Vulgamore Secretary Type or print name and title	

Paid Preparer Use Only	Prnt/Type preparer's name Larry E. Woolley	Preparer's signature <i>Larry E. Woolley</i>	Date 11/8/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00449970
	Firm's name ► Larry E. Woolley	Firm's EIN ► 31-6168134			
	Firm's address ► 515 E. Cassilly St. Springfield, Ohio 45503	Phone no 937-322-8224			

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Employer identification number

31-6061912

Northridge Lions Club

Fundraising

Part I Funeral

Form 99

1 Indicate whether

a Mail solicit

e **Solicitation of non-government grants**

f **Solicitation of government grants**

g Special fundraising event

b Internet and email solicitations **f** Solicitation of government grants

- a** Internet and email solicitations
- b** Direct mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Fundraising events
- f** Contribution 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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total

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 Poinsettias & Mums (event type)	(b) Event #2 Trees & Rose Sales (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6745.26	20378.91	12305.00	39429.17
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	6745.26	20378.91	12305.00	39429.17
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5908.36	14694.30	3866.56	24469.22
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(24469.22)
	11 Net income summary. Combine line 3, column (d), and line 10				14959.95

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				
	2 Cash prizes				
	3 Noncash prizes				
Direct Expenses	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 line 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? 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: _____

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

2011

**Open to Public
Inspection**

Name of the organization
Northridge Lions Club

Employer identification number
31-6061912

Line 8- Other Revenue

Den Rentals 12365.00

Rental Expenses 13815.34

Line 16- Other Expenses

Meals- Members 4398.71

Dues 4794.91

Member Supplies 722.05

Member Awards 734.04

Administrative Expenses 1271.74

Special Events 3688.72

Sunshine- Conventions- Meat raffle 810 93

Monte Carlo 1350.00

Newsletter 752.00

Lions International - Northridge

Page 2

2012

Line 6B - Gross Revenue

Poinsettias & Mums	6745.26
N C Festival	1254.00
Rose Day	6142.50
Christmas Trees	14236.41
Spring Cash Drawing	1684.00
Entertainment Books	1325.00
Pancake Breakfast	1842.00
5-K Marathon Run 2011-2012	9455.00
5-K Marathon Run 2012-2013	2850.00
Total Line 6B	45534.17

Line 6C - Direct Expenses

Poinsettias & Mums	5908.36
N C Festival	370.17
Rose Day	4860.00
Christmas Trees	9834.30
Spring Cash Drawing	896.50
Entertainment Books	1157.50
Pancake Breakfast	1258.25
5-K Marathon Run 2011-2012	3391.26
5-K Marathon Run 2012-2013	475.30
Total Line 6C	28151.64

Line 10 - Grants and Similar Amounts Paid

Sight & Hearing Projects	4000.00
Civic Improvement - Northridge	2518.93
Youth Services	6605.75
President's Fund	124.00
Discretionary Funds	0.00
Total Line 10	13248.68

Line 16 - Other Expenses

Meals - Members	4398.71
Dues	4794.91
Member Supplies	722.05
Member Awards	734.04
Administrative Expenses	1271.74
Special Events	3688.72
Sunshine-Conventions-Meat Raffle	810.93
Monte Carlo	1350.00
Newsletter	752.00
Total Line 16	18523.10