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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

▶ 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. 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 JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

FARGO LIONS CLUB

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 21

City or town, state or country, and ZIP + 4

FARGO, ND 58108-0021

D Employer identification number

45-0276700

E Telephone number

701-492-2632

F Group Exemption

Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ FARGOLIONS.ORG

H Check ☒ if the organization is not required to attach Schedule BJ Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no. ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF).K Check ☐ 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

\$ 67,248.

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	722.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	27,626.
	4	Investment income	4	
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	38,703.
6c	Less: direct expenses from gaming and fundraising events	6c	15,344.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,359.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	197.	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,904.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	23,122.
	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	378.
	16	Other expenses (describe in Schedule O)	16	31,548.
	17	Total expenses Add lines 10 through 16	17	55,048.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,144.
	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	18,277.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,133.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2011)

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	22,241.	22	16,747.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	4,801.	24	1,943.
25 Total assets	27,042.	25	18,690.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	8,765.	26	3,557.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,277.	27	15,133.

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? SEE SCHEDULE O

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 GRANTS TO COMMUNITY ORGANIZATIONS AND VISION ASSISTANCE.
 (Grants \$ 19,431.) If this amount includes foreign grants, check here ☐ **28a**

29

 (Grants \$) If this amount includes foreign grants, check here ☐ **29a**

30

 (Grants \$) If this amount includes foreign grants, check here ☐ **30a**

31 Other program services (describe in Schedule O)

 (Grants \$) If this amount includes foreign grants, check here ☐ **31a**
32 Total program service expenses (add lines 28a through 31a) **32** 0.
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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE GALLAGHER	PAST PRESIDENT			
1005 45TH AVENUE N, FARGO, ND 58102	1.00	0.	0.	0.
KARNA NELSON	DIRECTOR			
241 SUNTREE CT, WEST FARGO, ND 58078	1.00	0.	0.	0.
JASON JAEGER	VP OF FINANCE			
2562 WILLOW ROAD N, FARGO, ND 58102	1.00	0.	0.	0.
MARK WESTERN	PRESIDENT ELECT			
1800 RADISSON TOWER, FARGO, ND 58102	1.00	0.	0.	0.
BOB AMES, 1946 E ROSE CREEK PARKWAY, FARGO, ND 58104	3.00	0.	0.	0.
CARLA LEIN	LION TAMER			
1802F 34TH STREET SW, FARGO, ND 58103	1.00	0.	0.	0.
BRIAN GRAVE, 4421 SUNSET BLVD, WEST FARGO, ND 58078	3.00	0.	0.	0.
LUCI MELBY, 2537 UNIVERSITY DR S, SUITE 200, FARGO, ND 58103	1.00	0.	0.	0.
BRIAN SHAWN	SECRETARY			
2602 12TH ST N, FARGO, ND 58102	3.00	0.	0.	0.
MIKE BENSON	VP OF COMMUNITY RELATIONS			
8TH ST S, FARGO, ND 58103	1.00	0.	0.	0.
ROBERT LITTLEFIELD	VP OF MEMBERSHIP			
2212 S 17TH ST, MOORHEAD, MN 56560	1.00	0.	0.	0.
PATRICK BROWN	TAIL TWISTER			
1306 5TH ST N, FARGO, ND 58103	1.00	0.	0.	0.

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 Sch. O to respond to any question in this Part V ☒

	Yes	No
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		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
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)?		X
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	N/A	
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		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
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
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 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 ▶ 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		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ BRIAN GRAVE Telephone no. ▶ 701-200-5908 Located at ▶ PO BOX 9399, FARGO, ND ZIP + 4 ▶ 58106-9399		
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.		X
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: ▶		X
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 N/A		
44a 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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		

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		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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		
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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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

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

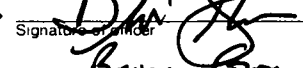
d Total number of other independent contractors each receiving over \$100,000

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

☐ 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  Date 2/1/2013
Type or print name and title Brian Grave Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

☐ Yes ☐ No

Form 990-EZ (2011)

Department of the Treasury
Internal Revenue Service

**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

2011

Open To Public Inspection

Name of the organization

FARGO LIONS CLUB

Employer identification number

45-0276700

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

- 2 a** 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			
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

[illegible]

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.

Revenue		(a) Event #1 FOR YOUR EYES ONLY	(b) Event #2 MNF RAFFLE	(c) Other events 2	(d) Total events (add col (a) through col (c))	
		(event type)	(event type)	(total number)		
		1	Gross receipts	18,458.	18,840.	1,405.
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	18,458.	18,840.	1,405.	38,703.	
Direct Expenses	4	Cash prizes	7,200.		7,200.	
	5	Noncash prizes				
	6	Rent/facility costs	161.		161.	
	7	Food and beverages	4,536.		4,536.	
	8	Entertainment	1,700.		1,700.	
	9	Other direct expenses	1,154.	412.	181.	1,747.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(15,344)
	11	Net income summary Combine line 3, column (d), and line 10				23,359.

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			
Direct Expenses	3	Noncash 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 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 _____

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility | 13a | % |
| 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 

Address ►

- 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 ► \$ _____ 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? ☐ 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 ► \$

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)

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

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Name of the organization

FARGO LIONS CLUB

Employer identification number
45-0276700

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	37.
MISCELLANEOUS INCOME	160.
TOTAL TO FORM 990-EZ, LINE 8	197.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: LIONS INTERNATIONAL

AFFILIATE ADDRESS: 300 W 22ND STREET OAK BROOK, IL 60523-8842

PURPOSE OF PAYMENT: INITIATION FEES AND DUES

AMOUNT OF PAYMENT: 2,629.

AFFILIATE NAME: DISTRICT LIONS INTERNATIONAL

PURPOSE OF PAYMENT: INITIATION FEES AND DUES

AMOUNT OF PAYMENT: 1,062.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,691.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SEE ATTACHED SCHEDULE

GRANTEE NAME:

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 19,431.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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CONVENTIONS	930.
MEALS	15,872.
MEMBER RECRUITMENT	2,024.
AWARDS & RECOGNITION	485.
YOUTH & EDUCATION	9,060.
SOCIAL ACTIVITIES	2,412.
WEBSITE EXPENSES	155.
MISCELLANEOUS	120.
BAD DEBT	390.
PROGRAM EXPENSE	100.
TOTAL TO FORM 990-EZ, LINE 16	31,548.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	4,322.	1,673.
UNDEPOSITED FUNDS	479.	0.
PREPAID EXPENSES	0.	270.
TOTAL TO FORM 990-EZ, LINE 24	4,801.	1,943.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	2,521.	3,557.
CONSERVANCY PARK ESCROW	2,231.	0.
ACCRUED MISSION TRIP	4,013.	0.
TOTAL TO FORM 990-EZ, LINE 26	8,765.	3,557.

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

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Name of the organization

FARGO LIONS CLUB

Employer identification number
45-0276700

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CREATE AND FOSTER A SPIRIT
OF UNDERSTANDING AMONG ALL PEOPLE FOR HUMANITARIAN NEED BY PROVIDING
VOLUNTARY SERVICES THROUGH COMMUNITY INVOLVEMENT AND INTERNATIONAL
COOPERATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Fargo Lions Club - Grants Recipients 2012-2012:

Board Contributions:

None

Total	<hr/> \$0.00
--------------	---------------------

Community Grants:

- | | |
|----------------------------------------------------------------------------------------------------------|------------|
| 1. Great Plains Assistance Dogs Foundation, Inc.
PO Box 513
Jud, ND 58454-0513 | \$1,100.00 |
| 2. American Diabetes Association
1701 N Beaugard St
Alexandria, VA 22311-1742 | \$250.00 |
| 3. HERO (Healthcare Equipment Recycling Organization)
2204 5th Ave N Ste C
Moorhead, MN 56560-2406 | \$500.00 |
| 4. North Dakota Vision Services
School for the Blind
500 Stanford Rd
Grand Forks, ND 58203-2748 | \$250.00 |
| 5. YWCA
3100 12th Ave N
Fargo, ND 58102-3070 | \$500.00 |
| 6. Anne Carlsen Center
PO Box 8000
Jamestown, ND 58402-8000 | \$500.00 |
| 7. Lions Zone 2A Flood Relief Fund
PO Box 782
Minot, ND 58702-0782 | \$2,000.00 |
| 8. Dorothy Day House
714 8 th St S
Moorhead, MN 56560-3531 | \$98.80 |
| 9. Jason or Tonya Scott
Emma Scott Vision Assistance
2305 Elm St N
Fargo, ND 58102-2103 | \$200.00 |
| 10. UNICEF, School-in-a-Box Program
125 Maiden Ln
New York, NY 10038-4912 | \$257.00 |
| 11. Lake Agassiz Habitat for Humanity
PO Box 1022
Moorhead, MN 56561-1022 | \$1,000.00 |

Fargo Lions Club - Grants Recipients 2012-2012:

12. Leader Dogs for the Blind 1039 S Rochester Rd Rochester Hills, MI 48307-3115	\$500.00
13. Barnesville Community Fund Vision Surgery Donation 429 4 th St NE Barnesville, MN 56514-3304	\$700.00
16. Fraiser Ltd. 2902 University Dr S Fargo, ND 58103-6053	\$250.00
20. Lion's Foundation of North Dakota Video Magnifier Program PO Box 761 Mandan, ND 58554-0761	\$1,857.00
24. Escrow for Mexico Vision Trip	\$2,000.00
Total	\$11,962.80
Melvin Jones Award:	
1. Lions Clubs International Foundation 300 W 22nd St Oak Brook, IL 60523-8842	\$2,000.00
Total	\$2,000.00
ND Eye Bank:	
1. Lions Eye Bank of North Dakota 301 N 4th St Bismarck, ND 58501-4020	\$1,000.00
Total	\$1,000.00
ND Lions Foundation:	
1. ND Lions Foundation PO Box 273 Bowman, ND 58623-0273	\$2,457.00
Total	\$2,457.00

Fargo Lions Club - Grants Recipients 2012-2012:

Sight Assistance:

1. Glasses for the Underprivileged	\$2,011.38
Total	\$2,011.38

Vision USA:

None	
Total	\$0.00

Grand Total	\$19,431.18
	=====

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. FARGO LIONS CLUB	Employer identification number (EIN) or <input checked="" type="checkbox"/> 45-0276700
	Number, street, and room or suite no. If a P O box, see instructions. PO BOX 21	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58108-0021	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRIAN GRAVE

- The books are in the care of ► **PO BOX 9399 - FARGO, ND 58106-9399**
Telephone No. ► **701-200-5908** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)