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

OMB No. 1545-1150

2011**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 2011 calendar year, or tax year beginning

JULY 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

NORFOLK LIONS CLUB

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

PO BOX 392

Room/suite

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

NORFOLK, NE

68702-0392

D Employer identification number

47-6039058

E Telephone number

402-371-7657

F Group Exemption

Number ► 0239

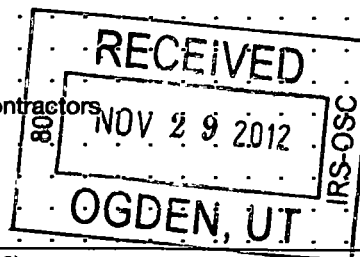
G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ►**I** Website: ► www.norfolkclub.com**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ 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

► \$

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	58,480
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	30,088
	4	Investment income	4	
	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	
	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		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	88,568	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	86,583
	17	Total expenses. Add lines 10 through 16	17	86,583
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,985
	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	12,093
	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	14,078



For Paperwork Reduction Act Notice, see the separate instructions.

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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	12,093	22	
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	88,568	25	
26	Total liabilities (describe in Schedule O)	86,583	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	14,078

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? CIVIC / SOCIAL SERVICES

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	NEBRASKA FOOTBALL TICKET DUFFLE FOR CHARITY FUND TO HELP WITH ITS SCHOLARSHIPS, VET CHRISTMAS GIFT PROGRAM, CANCER REPT FOR LIFE		1862
	(Grants \$) If this amount includes foreign grants, check here	28a	
29	SHUTOWN DUFFLE FOR CHARITY FUND TO HELP WITH NEBR LIONS EYEGASS FOUNDATION LODGE PRINT LIBRARY BOOKS, Q16 BANG ROOM FRIENDERS, TEAMMATES, Q16 SISTERS / Q16 BROTHERS		1499
	(Grants \$) If this amount includes foreign grants, check here	29a	
30	CANAKAS FEED FOR CHARITY FUND TO HELP WITH CHRISTMAS GOOD NEIGHBORS, SALVATION ARMY, LEADER DOG, HEARING DOG, GUIDE DOG, EYEGASSES, YMCA STROKE KIDS		9721
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) LIONS DUFFLE FOR CHARITY FUND		1353
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	14,435

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

[illegible]

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 ☐

	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	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
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)?	35a	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	35b	
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	35c	
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a <u>NONE</u>		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <u>NONE</u>	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a <u>N/A</u>	
b Gross receipts, included on line 9, for public use of club facilities	39b <u>N/A</u>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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.	40e	X
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► <u>GARY JOHNSON</u> Telephone no. ► <u>402-371-7657</u> Located at ► <u>211 COLLEGE VIEW DR NORFOLK, NE</u> ZIP + 4 ► <u>68701</u>		
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)?	42b	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 the U.S.?	42c	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 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	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	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

	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 ☐

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
47		☒

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

	Yes	No
48		☒

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

	Yes	No
49a		☒

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

	Yes	No
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
NONE				

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."

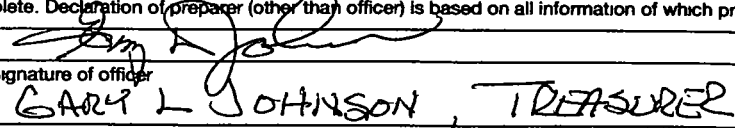
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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  **Signature of officer** **GARY L. JOHNSON, TREASURER** **Date** 11/26/12

Paid Preparer Use Only Preparer's name **Prnt/Type preparer's name** Preparer's signature **Preparer's signature** Date **Date** Check ☐ if self-employed **Check if self-employed** PTIN **PTIN** Firm's name **Firm's name** Firm's EIN **Firm's EIN** Firm's address **Firm's address** Phone no **Phone no**

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

**Norfolk Lions Club Program Service Accomplishments
2011-2012**

Lions Club Objectives:

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

To Promote the principles of good government and good citizenship.

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

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

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

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

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

Project #1

Nebraska Football Ticket Raffle

Debit \$1862.00

Credit \$4820.00

Profit \$2958.00

Project #2

Shotgun Raffle

Debit \$1499.00

Credit \$2152.00

Profit \$ 653.00

Project #3

Pancake Feed

Debit \$ 9,721.00

Credit \$26,808.00

Profit \$17,087.00

Project #4

Parade

Debit \$1353.00

Credit \$1630.00

Profit \$ 277.00

Donations for Fiscal Year:

Good Neighbors

Salvation Army

Post Proms

Guide & Hearing Dogs

HS Scholarships

Nebr. Lions Foundation

Sportsman Club

Library-Lg Print Books

Chamber Building

R. Shaffer Scholarship Fund

UNL Foundation

Music Awards-Youth Req.

Veterans Gift Program

Relay for Life

Big Bang Boom

Teammates

Faith Regional Hospital

YMCA-Strong Kids

S.M.I.L.E.

Vision/Glasses Program

Big Brother/Big Sister

American Legion Baseball

Mercy Meals

NECC Nursing Project

Nord Park Re-do

Bike Rodeo

Youth Philanthropy