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For 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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 7/1/2011, and ending 6/30/2012													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2">C Name of organization PFLUGERVILLE LIONS CLUB</td> <td>D Employer identification number 51-0141145</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 722</td> <td>E Telephone number (512) 251-5466</td> </tr> <tr> <td>City or town PFLUGERVILLE</td> <td>state or country TX</td> <td>F Group Exemption Number 0239</td> </tr> <tr> <td colspan="2">ZIP + 4 78691-0722</td> <td></td> </tr> </table>	C Name of organization PFLUGERVILLE LIONS CLUB		D Employer identification number 51-0141145	Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 722		E Telephone number (512) 251-5466	City or town PFLUGERVILLE	state or country TX	F Group Exemption Number 0239	ZIP + 4 78691-0722		
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City or town PFLUGERVILLE	state or country TX	F Group Exemption Number 0239											
ZIP + 4 78691-0722													
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)												
I Website: N/A													
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													

K Check ☐ 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. \$ 171,019

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,868
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6,085
	4	Investment income	4	53,165
	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	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	32,270
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 11 (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000))	6b	73,631
6c	Less: direct expenses from gaming and fundraising events	6c	44,962	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	60,939	
Expenses	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	0
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	126,057
	10	Grants and similar amounts paid (list in Schedule O)	10	79,056
	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	18,777
Net Assets	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	30,601
	17	Total expenses. Add lines 10 through 16	17	128,434
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,377
	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	199,237
	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	196,860

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

CANNED MAR 14 2013

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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	90,346	22 93,132
23 Land and buildings	108,891	23 103,728
24 Other assets (describe in Schedule O)		24
25 Total assets	199,237	25 196,860
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,237	27 196,860

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 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.

28 DONATIONS TO LIONS CLUB INTERNATIONAL FOR THEIR STATE, NATIONAL, AND INTERNATIONAL PROGRAMS. THESE INCLUDE LIONS CAMP, EYE BANK, LEADER DOG, LIONS FOUNDATION. (Grants \$ 19,997) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,997
29 SCHOLARSHIPS GIVEN TO FOURTEEN STUDENTS TO ASSIST WITH THE COSTS OF HIGHER EDUCATION (Grants \$ 14,500) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,500
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 \$ 44,559) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	44,559
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	79,056

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
OMAR PENA P.O. BOX 722 PFLUGERVILLE TX 78660	Title PRESIDENT Hr/WK 2.00	0		
CHARLES MOTT P.O. BOX 722 PFLUGERVILLE TX 78660	Title VP Hr/WK 2.00	0		
STEVE SHEFFIELD P.O. BOX 722 PFLUGERVILLE TX 78660	Title TREASURER Hr/WK 2.00	0		
CLIFFORD DAMSTROM P.O. BOX 722 PFLUGERVILLE TX 78660	Title VP Hr/WK 2.00	0		
STANLEY PFEIL P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
DAN URBAN P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
MIKE CALLAHAN P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
MARK HARDY P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
TERRY GRONA P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
JERRY GRONA P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
BOB BRYDSON P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	0		
WILFORD PRUESSE P.O. BOX 722 PFLUGERVILLE TX 78660	Title MEMBER Hr/WK 2.00	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 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
35 a 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	X
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	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	X
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 ▶ ; 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	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. ▶		
42 a The organization's books are in care of ▶ WILLARD HEBBE Telephone no. ▶ (512) 251-5466 Located at ▶ P O BOX 722 City PFLUGERVILLE ST TX ZIP + 4 ▶ 79691-0722		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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	42b	X
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: ▶	42c	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		
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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b 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		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 Schedule C, Part II.

	Yes	No
47		

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

48		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


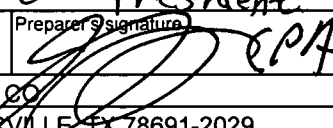
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

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

☐ Yes ☒ No

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

Sign Here	Signature of officer 		Date 02/11/2013		
	Type or print name and title Omar Pena - President				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFF MONZINGO		2/11/2013		P00148216
	Firm's name	Firm's EIN		Firm's address	
	BLAKESLEE MONZINGO CO	74-3001734		P.O. BOX 2029, PFLUGERVILLE, TX 78691-2029	
	Firm's address		Phone no		
P.O. BOX 2029, PFLUGERVILLE, TX 78691-2029		(512) 251-5668			

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

☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open to Public
Inspection

PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 DEUTSHEN PFEST BOOTH (event type)	(b) Event #2 DINNER - RAFFLE EVENT (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,364	38,723	18,544	73,631
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	16,364	38,723	18,544	73,631
Direct Expenses	4 Cash prizes	0	0	1,220	1,220
	5 Noncash prizes	0	8,910	1,367	10,277
	6 Rent/facility costs	0	0	3,466	3,466
	7 Food and beverages	0	2,703	1,634	4,337
	8 Entertainment	0	0	0	0
	9 Other direct expenses	7,713	4,513	454	12,680
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(31,980)
	11 Net income summary. Combine line 3, column (d), and line 10				41,651

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	32,270			32,270
	2 Cash prizes	12,197			12,197
Direct Expenses	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses	785			785
	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)				(12,982)
	8 Net gaming income summary. Combine line 1, column d, and line 7				19,288

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

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | 100 00% |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ STEVE SHEFFIELD

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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0.
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶ OMAR PENA

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ HELPS OVERSEE BINGO FOR THE ORGANIZATION

☒ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

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

PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 5,193

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 5,004

Form 990-EZ, Part I, Line 16, Other Expenses: HALL RENTAL EXPENSES: 18,632

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS: 1,772

Form 990-EZ, Part I, Line 10 LIONS CLUB PROGRAM DONATIONS \$19,997, CIRCLE OF FRIENDS \$22,762,

BLUE SANTA \$1,500, PFLUGERVILLE ISD NURSES \$4,172, PFLUGERVILLE EDUCATION FOUNDATION \$1,000,

SCHOOL SUPPLIES \$6,000, SCHOLARSHIPS \$14,500, FOOD PANTRY \$3,600, MISCELLANEOUS DONATIONS

\$5,525.

Name of the organization

Employer identification number

PFLUGERVILLE LIONS CLUB

51-0141145

Page 1 of 1 of Part IV

Employer identification number

51-0141145

[illegible]