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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

ZUII

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

<u> </u>	For the 2	011 calend	lar year, or tax year beginning $Jull$	2011, and	d ending	Jun	30	,	2012	
В	Check if app	olicable	C Name of organization BOURG LIONS CLUB				D Employ	er Identifi	cation Number	
	Addres	s change	Doing Business As				72-	60557	96	
	Name o	change	Number and street (or P O box if mail is not delivered to street addr)		Room/sui	le	E Telepho			
	Initial r	eturn	111 RETEAT DRIVE				(98	5) 59	4-2054	
	Termin		City, town or country	State ZIP	code + 4			<u> </u>		
			BOURG		0343-3	111	G (290,186.	
	=		F Name and address of principal officer	пи /			group retur		<u> </u>	л
	Арриса	ition pending	·	T N 7/			affiliates incl		Yes X	No No
			RANDOLPH BASCLE 111 RETREAT DR BOURG	LA 70	7343		attach a list		uctions)	JNO
<u> </u>	Tax-exem		· · · · · · · · · · · · · · · · · · ·	<u>)(1)</u> or	527					
J	Websit						exemption nu		0239	
K		rganization	X Corporation Trust Association Other ►	L Year	of Formation	1960) Ms	State of leg	al domicile LA	
Pa		Summar								
	1 Brie	efly describ	be the organization's mission or most significant activities	ORGA	NIZAT	ION C	ARRIES	ON C	AMING	
e S	AC		ES TO RAISE FUNDS FOR OPERATION OF							
паг	1 - 1 -		R CASH GRANTS TO VARIOUS CHARITIES	AND NO	NN-FRO	FIT C	AUSES	_AT		
Ver	2 77		TATE AND NATIONAL LEVELS.	-,						- – –
Ĝ	2 Che 3 Nur	eck this bo	x ► ☐ If the organization discontinued its operations or ting members of the governing body (Part VI, line 1a)	disposed	of more	than 25%	% of its ne	1 - 1	;	1.0
ಂಶ	A Nur		lependent voting members of the governing body (Part VI, line Ta)	line 1h)				3 4		10 10
<u> </u>	7 5 Tot		of individuals employed in calendar year 2011 (Part V, lin	•				5		
₹.	6 Tot		of volunteers (estimate if necessary)	c zuj				6		16
Ç	7a Tot		d business revenue from Part VIII, column (C), line 12					7a		0.
~	b Net		business taxable income from Form 990-T, line 34					7b		
SCANRED JAN I Activities & Governance	1			, <u> </u>		Pi	rior Year		Current Year	
3	8 Cor	ntributions	and grants (Part VIII, line 1h)				13,4	45.	3,27	77.
ළු	9 Pro		ce revenue (Part VIII, line 2g)		İ					
Ęį	10 Inve	estment in	come (Part VIII, column (A), lines 3, 4, and 7d)				1,7	77.	92	21.
4	11 Oth	er revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				31,5	27.	41,38	33.
2	12 Tot	al revenue	- add lines 8 through 11 (must equal Part VIII, column (A	A), line 12) [46,7	49.	45,58	31.
ڰۣ	13 Gra	ints and si	milar amounts paid (Part IX, column (A), lines 1-3)				25,5	83.	23,17	
R	1	nefits paid	to or for members (Part IX, column (A), line 4),					0.		
	15 Sal	aries, othe	r compensation, employee benefits (Part IX- column (A),	lines 5-10) [0.		
Expenses			undraising fees (Part IX column (A), line 11e)					0.		
en o			undraising fees (Part IX column (A), line 11e)		0.	t tale	Stille		or or state of the	
蓝	17 Oth	or ovnonc	es (Part IX, column (A) (Ines 11a-11d, 11f-24e)		- ` 	erang parant				
	18 Tot	el expense	20 (1 414 174) 00141111 (17)	ΕN	}		12,7		22,27	
	19 Rev	ai experise	s Add lines 13-17 (must lequal Part IX column (A), line 2 expenses Subtract line 18 from line 12	.5)	}		38,3		45,44	
_ e		renue less	expenses Subtract life 18 (point life 12)			D		78.		36.
te or	20 Tot	al accete (Part X, line 16)		-	ведіппіп	g of Curren		End of Year	
Net Assets Fund Balan	l l		s (Part X, line 26)		}		203,9	76.	204,11	<u>- 1 - </u>
ig to					}		000	7.6		
			fund balances Subtract line 21 from line 20				203,9	1/6.	204,11	<u> </u>
		Signatur								
Unde	er penalties o plete Declara	of perjury, 1 de ation of prepa	clare that I have examined this return, including accompanying schedules a rer (other than officer) is based on all information of which preparer has any	nd statement knowledge	s, and to the	e best of m	y knowledge	and belie	i, it is true, correct, and	d
	. ,	N 120	WACIN Darde				01-	02-	. 13	
Siç	n	Signatur	e of officer			Dat	e	v_{c}		
He	ere	Da Da	Ndalph BASCIE - BOARD Me,	mhop	6	1 mil	anh	4121	mxN	
	•	Type or	print name and title	MACK	- 41	1 1111170	7 6 11	ATIC /	7171 1-	
		Print/Type p	reparer's name Preparer's signature	Dai	te	 1	Check X	f P	TIN	
D.	:		P. Leboeuf Land The M	///	L/01/1				01246576	
Pa	id eparer		► Harold P. LeBoeuf	X 103	r/01/1	<u>ر</u>	self-employe	su IP	01246576	
Ue	eparer se Only	Firm's name		7			F 515:	- 27 .	2026506	
	.	Firm's addre		702EC :	2216				3926596	
	. 45 . 100	dia access 41		70356-:	3316		Phone no	(985)		
			s return with the preparer shown above? (see instructions)	TEFA		/	$\overline{}$	X Yes N	No .

	1 BOURG LIONS CLUB	12-60	J 5 5 7 S	96		Page Z
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					
•	Briefly describe the organization's mission:					
	ORGANIZATION CARRIES ON GAMING		-			
	ACTIVITIES TO RAISE FUNDS FOR OPERATION OF PHYSICAL PLANT AND PRODUCTION PRODUCTION OF PHYSICAL PLANT AND PRODUCTION PROD	OATDE	-	-		
	See Form 990, Page 2, Part III, Line 1 (continued)		- - -			
	D. III.					
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior		V	Ţ.	NI.
	Form 990 or 990-EZ?			Yes	X	No
,	If 'Yes,' describe these new services on Schedule O	7		V	(J	Al-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es/	لــا	Yes	X	No
	If 'Yes,' describe these changes on Schedule O			L		_
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	s, as me ant of gra	asured ants an	d alloc	pense	s to
42	(Code) (Expenses \$, 579. including grants of \$ 2,579.) (Re	venue	Ś			0.)
74	SERVICES TO THE NEEDY		٧			
	SERVICES TO THE MEED!					
			-			
4b	(Code) (Expenses \$15,494. including grants of \$15,494.) (Re	venue	\$			0.)
	CONTRIBUTIONS TO VARIOUS LION'S CHARITIES & ACTIVITIES					
	(C-1-) (F-100) (D-100) (D-1		<u> </u>		 -	
40	: (Code) (Expenses \$ 5,100. including grants of \$ 5,100.) (Re		۶			<u>0.</u>)
	CONTRIBUTIONS TO LOCAL AND NATIONAL CHARITIES & FUNDING SCHOLARS	HILPS -				
			-			
			· -			
			. _			
						- -
40	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ► 23, 173.					
BAA				Forr	n 990	(2011)

Form 990 (2011) BOURG LIONS CLUB Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	V v	» ,	*
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>x</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_X_
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	<u>x</u>	
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ı	f 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	OHI 530 (2011) BOOKG LIONS CLOB	72-0033790		aye
Pa	Part IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	21 Did the organization report more than \$5,000 of grants and other assistant United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule	ice to governments and organizations in the I, Parts I and II	x	<u> </u>
22	22 Did the organization report more than \$5,000 of grants and other assistan IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	ce to individuals in the United States on Part 22		х
23	23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about and former officers, directors, trustees, key employees, and highest composited by Schedule J	out compensation of the organization's current sensated employees? If 'Yes,' complete		x
24	24a Did the organization have a tax-exempt bond issue with an outstanding pr the last day of the year, and that was issued after December 31, 2002? If complete Schedule K. If 'No, 'go to line 25	rincipal amount of more than \$100,000 as of	a	X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a to	emporary period exception? 24	b	
	c Did the organization maintain an escrow account other than a refunding e any tax-exempt bonds?	scrow at any time during the year to defease	c	
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding	—	+	ļ
25	25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engaged squalified person during the year? If 'Yes,' complete Schedule L, Part I	ge in an excess benefit transaction with a	a	х
	b Is the organization aware that it engaged in an excess benefit transaction that the transaction has not been reported on any of the organization's pri <i>Schedule L, Part I</i>	with a disqualified person in a prior year, and or Forms 990 or 990-EZ? If 'Yes,' complete	ь	х
26	26 Was a loan to or by a current or former officer, director, trustee, key empl disqualified person outstanding as of the end of the organization's tax year	oyee, highly compensated employee, or ir If 'Yes,' complete Schedule L, Part II		Х
27	27 Did the organization provide a grant or other assistance to an officer, dire- contributor or employee thereof, a grant selection committee member, or of any of these persons? If 'Yes,' complete Schedule L, Part III	to a 35% controlled entity or family member 27		Х
28	28 Was the organization a party to a business transaction with one of the foll instructions for applicable filing thresholds, conditions, and exceptions):	owing parties (see Schedule L, Part IV		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' co	mplete Schedule L, Part IV 28:	a	X
	b A family member of a current or former officer, director, trustee, or key en Schedule L, Part IV	nployee? If 'Yes,' complete	0	х
	c An entity of which a current or former officer, director, trustee, or key empofficer, director, trustee, or direct or indirect owner? If 'Yes,' complete Sch	ployee (or a family member thereof) was an inedule L, Part IV	c	х
29	29 Did the organization receive more than \$25,000 in non-cash contributions	7 If 'Yes,' complete Schedule M 29		Х
30	30 Did the organization receive contributions of art, historical treasures, or ot contributions? <i>If</i> 'Yes,' complete Schedule M	her similar assets, or qualified conservation 30		Х
31	31 Did the organization liquidate, terminate, or dissolve and cease operations	s? If 'Yes,' complete Schedule N, Part I		Х
32	32 Did the organization sell, exchange, dispose of, or transfer more than 25% Schedule N, Part II	6 of its net assets? If 'Yes,' complete		Х
33	33 Did the organization own 100% of an entity disregarded as separate from 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	the organization under Regulations sections 33	<u> </u>	х
34	34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' line 1</i>	complete Schedule R, Parts II, III, IV, and V,		x
35	35 a Did the organization have a controlled entity within the meaning of section	1512(b)(13)? 35a	a	Х
	b Did the organization receive any payment from or engage in any transaction section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	on with a controlled entity within the meaning 358	,	х
36	36 Section 501(c)(3) organizations. Did the organization make any transfers organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	to an exempt non-charitable related 36		
37	37 Did the organization conduct more than 5% of its activities through an entitreated as a partnership for federal income tax purposes? If 'Yes,' comple	ity that is not a related organization and that is the Schedule R, Part VI		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

BAA

Form 990 (2011)

	Check if Schedule O contains a response to any question in this Part V			
		_	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	이 🗺	24.00	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	비	<u>*</u>	
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			-
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4 a	a 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)?	4a		х
t	olf 'Yes,' enter the name of the foreign country.	**************************************		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
Ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	95		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
_	as required?	7 g		
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter	· ,		
а	Initiation fees and capital contributions included on Part VIII, line 12	_ ,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	*,		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	of Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a]	-
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans	- .	.	
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ınstructıons. Check if Schedule O contains a response to any question in this Part VI lx l Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **18** 47 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Louisiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization BOURG 111 RETREAT DR BAA TEEA0106 01/23/12 Form 990 (2011)

Form 990	(2011)	BOURG	LIONS	CLUB

72-6055796

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
					C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el fruste e or director	anshluársaal trustee	Offi 🖭	Key emphyee	High est conmensated employee	<u> 1</u> (7) (14)	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) LERYES USIE PRESIDENT	5.00			х		,		0.	0.	0.
(2) TOBY LOGAN SECRETARY	3.00			х				0.	0.	0.
(3) WALTER AUTHEMENT TREASURER				х				0.	0.	0.
_(4)										
(5)										
_(6)										·
_(7)										
_(8)									· · · · · · · · · · · · · · · · · · ·	
(10)										-
<u>(11)</u>				_				.,		
<u>(12)</u>										
(13)										
(14)										
					_					

Form 990 (2011) BOURG LIONS CLUB									72-60557	
Part VII Section A. Officers, Directors, Trus	tees, I	∕(ey	Em			es,	and	d Highest Com	pensated Em	ployees (cont)
(A) Name and title	(B) Average hours per	box	Position (do not check more than or box, unless person is both officer and a director/truste			is bot	h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)								-		
(22)				-						
(23)										
(24)										
(25)								-		
1 b Sub-total	•	•	•	<u> </u>			•			
c Total from continuation sheets to Part VII, Section	Α						•			
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite			+04	aba				 	100,000 of reserve	hla
from the organization	a to thos	SE 113			ve) ·	wno	rece	eived more than \$		· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trust	ee, k I	кеу е	empl	loye	e, or	hıg	hest compensated	l employee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater is such individual.	portable han \$15	con 0,00	nper 0? <i>l</i> :	ısatı f 'Ye	on a	and o	othei <i>lete</i>	r compensation fro Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	ompens	atioi Scl	n fro hedu	m a ile J	ny u for	nrela such	ated	organization or in	ıdıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compe	ted inder	oend for t	ent o	cont alen	ract dar	ors t year	hat enc	received more tha ling with or within	n \$100,000 of the organization's	tax year
(A) Name and business addre	ss							Description (of services	(C) Compensation
	_									
										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	lımıt	ed to	o the	ose I	listed	d ab	ove) who received	more than	w ,

Pa	t VIII Statement of Revenue	<u>, </u>	·		<u>,</u>
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rs S	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b 662.				İ
NO.	c Fundraising events 1c 1,434.				
AR A	d Related organizations 1 d	_			
S, G	e Government grants (contributions) 1 e				
NO.	f All other contributions rifts grants and]			
뙲	f All other contributions, gifts, grants, and similar amounts not included above 1 f 1, 181.	.			
Š	g Noncash contributions included in lns 1a-1f \$				
	h Total. Add lines 1a-1f	3,277.			
PROGRAM SERVICE REVENUE	Business Code				,
EVE	2a				
E	b				
.¥c	c				
SE	d		<u></u>		
RAR	e				
စ္တ	f All other program service revenue		*		
	g Total. Add lines 2a-2f		*	`	
	3 Investment income (including dividends, interest and other similar amounts)	921.	921.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	921.	921.	0.	0.
	5 Royalties				
	(i) Real (ii) Personal				1
	6a Gross rents 225.	-			
	b Less rental expenses		· .		
	c Rental income or (loss) 225.	-	** (A)	* *	, t
	d Net rental income or (loss)	225.	225.	0.	0.
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory	* .		,	
	b Less cost or other basis	, i		*	· t
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	•			
ä	8a Gross income from fundraising events (not including \$ 1,434.	v			
EN	of contributions reported on line 1c)	,			t t
#	See Part IV, line 18	<u> </u>	, p	•	,
OTHER REVEN	b Less direct expenses b				i
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities				Ė
	9a Gross income from gaming activities See Part IV, line 19 a 283,033.	_	,		* ,
1	b Less direct expenses b 244,605.				
•	c Net income or (loss) from gaming activities	38,428.	38,428.	0.	0.
	10a Gross sales of inventory, less returns				i
	and allowances a 2,730.	-			
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	2,730.	2,730.	0.	0.
					1
	11a				
	<u></u>	 			
	d All other revenue	 			
	e Total. Add lines 11a-11d		 		
	12 Total revenue. See instructions	-	42,304.	0.	0.
		10,001.	12,504.	<u> </u>	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX										
Dо . 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Tota	(A) al expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in	ч	23,173.	23,173.							
	the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the		<u>.</u>	. <u>-</u>		· ,,,,,, · · , , , , , , , , , , , , ,					
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	<u> </u>									
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)										
á	a Management										
t	L egal										
•	Accounting										
•	1 Lobbying										
	Professional fundraising services See Part IV, line 17			-							
f	Investment management fees										
	9 Other										
12	Advertising and promotion										
13	Office expenses	n	130.	0.	130.	0.					
14	Information technology										
15	Royalties										
16	Occupancy	N	14,975.	14,975.	0.	0.					
17	Travel	ļ									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
	Conferences, conventions, and meetings Interest	4	1,247.	0.	1,247.	0.					
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	4	3,142.	0.	3,142.	0.					
23	Insurance		, , , , , , , ,			<u></u>					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)										
á	BANK CHARGES	и	89.	0.	89.	0.					
	PLAYGROUND	И	522.	522.	0.	0.					
	DUES	h.	964.	0.	964.	0.					
	SUPPLIES	5	_ 523.	0.	523.	0.					
•	All other expenses	n	680.	0.	680.	0.					
25	Total functional expenses Add lines 1 through 24e		45,445.	38,670.	6,775.	0.					
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										
	Check here ► if following SOP 98-2 (ASC 958-720)										

Part X **Balance Sheet** (B) (A) Beginning of year End of year Cash - non-interest-bearing 1,572 1 2,667. 2 Savings and temporary cash investments 2 188,061 186,653. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 115,887 10b **b** Less: accumulated depreciation 98,603 14,343 10 c 17,284. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 203,976. 16 204,111 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 0. 26 0. Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 203,976. 32 204,111. 33 Total net assets or fund balances 203,976. 33 204,111. 34 Total liabilities and net assets/fund balances 203,976. 34 204,111.

BAA

Form 990 (2011)

Form 990 (2011) BOURG LIONS CLUB 72-605	55796 Page 12
Part XI Reconciliation of Net Assets	
Check if Schedule O contains a response to any question in this Part XI	
· · · · · · · · · · · · · · · · · · ·	1
1 Total revenue (must equal Part VIII, column (A), line 12)	45,581.
2 Total expenses (must equal Part IX, column (A), line 25)	45,445.
3 Revenue less expenses Subtract line 2 from line 1	136.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	203,976.
5 Other changes in net assets or fund balances (explain in Schedule O) 5	
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	
column (B))	204,111.
Pant XII Financial Statements and Reporting	
Check if Schedule O contains a response to any question in this Part XII	
1 Accounting method used to prepare the Form 990 [.] X Cash Accrual Other	Yes No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
b Were the organization's financial statements audited by an independent accountant?	2b X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audience, or compilation of its financial statements and selection of an independent accountant?	dit,
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on separate basis, consolidated basis, or both	a
X Separate basis Consolidated basis Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udıt 3b
BAA	Form 990 (2011)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

• 5	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III	, , , , ,		
	of organization	·		Employer identifica	ation number
	JRG LIONS CLUB			72-605579	
Pai	tম-An Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P		
2	Political expenditures			► \$	
	Volunteer hours				
Pai		rganization is exempt under section			
1	•	se tax incurred by the organization under se		▶\$	
2	-	se tax incurred by organization managers u		▶\$	
3	· ·	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
	Was a correction made?				∐ Yes ∐ No
	o If 'Yes,' describe in Part IV		- F01(-)	L L'	
	· · · · · · · · · · · · · · · · · · ·	rganization is exempt under section			
ı	Enter the amount directly exp	pended by the filing organization for section	52/ exempt function	activities > \$	- · · · · · · · · · · · · · · · · · · ·
2	Enter the amount of the filing function activities	organization's funds contributed to other o	rganizations for section	on 527 exempt ► \$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and o	n Form 1120-POL,	► \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) o For each organization listed, enter the amons received that were promptly and directly action committee (PAC) If additional space	ount paid from the fill delivered to a separa	ng organization's funds ate political organization	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					_
(2)					
(3)					
(4)					
(5)					
<i>(6)</i>	· · ·				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 20	DI BOURG LIONS	CLUB		72-605	5796 _ Page :
	the organization	n is exempt under se	ction 501(c)(3) an	d filed Form 5768 (e	
A Check ► I If the file	ing organization belo	ngs to an affiliated group (and list in Part IV each	affiliated group member	's name,
' address	, EIN, expenses, and	share of excess lobbying	expenditures)		
B Check ► I if the file	ng organization chec	ked box A and 'limited con	itrol' provisions apply		
(The tern	Limits on Lobby	ing Expenditures ns amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pub	olic opinion (grass roots lob	byina)		
		gislative body (direct lobby		· · · -	
c Total lobbying expendit		• • •	· · · 3 /		
d Other exempt purpose	•	,			
e Total exempt purpose e	•	es 1c and 1d)			
	,	•			
both columns	mount Enter the amo	ount from the following table	e in		
If the amount on line 1e, co	lumn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20% of the amount on line 1e			
Over \$500,000 but not over \$1	1.000.000	\$100,000 plus 15% of the excess	over \$500 000		
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over	· · · · · · · · · · · · · · · · · · ·	\$225,000 plus 5% of the excess of		,	
Over \$17,000,000	411/200/200	\$1,000,000	41,000,000	,	
q Grassroots nontaxable	amount (enter 25% o	• • • • • • • • • • • • • • • • • • • •			
h Subtract line 1g from lii	•	,			
i Subtract line 1f from lin					
j If there is an amount of	ther than zero on eith	er line 1h or line 1i, did the	e organization file Forr	n 4720 reporting	
section 4911 tax for this				<u> </u>	Yes No
(Soi	me organizations tha	4-Year Averaging Period L at made a section 501(h) el as below. See the instruction	ection do not have to	complete all of the five gh 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Per	riod	·
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	· (d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))	« "	·@	* *	, ,	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	* /* }			< .	

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 BOURG LIONS CLUB			5796	F	Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	For	m 5768		_
	(a	a)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?				•	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?			-		
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	-				
f Grants to other organizations for lobbying purposes?	-				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
				_	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912	<u> </u>				-
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or			
section 501(c)(6).	(-/(-/	,			
			·	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' Canswered 'Yes.'	(c)(5))R (b)	, or s Part	ection III-A, line	 ≥ 3, i:	s
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		,			
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information			_		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Par Also, complete this part for any additional information	t II-A, a	ind Pa	rt II-B, line	1	
				. – – <i>-</i>	
	- - -		-	· – – ·	

Schedule C (L	0111 330 01 330-EZ) 2011 BOOKG LIONS CLOB	12-6055796	Page 4
Part IV	Supplemental Information (continued)		
	•		
•			
			-
-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

	JRG LIONS CLUB			·	72-6055796	
Par	<u>t I Organizations Maintaining Dono</u> the organization answered 'Yes' t	r Advised Funds or Othe o Form 990 Part IV June	er Similar Fund	s or Acc	ounts. Complet	e if
		(a) Donor advised		(b) (Funds and other acc	counts
1	Total number at end of year	(a) Donor advised	unus	(D)	unus and other act	Courits
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)			 -		
4	Aggregate value at end of year					
_	,					
5	Did the organization inform all donors and don funds are the organization's property, subject t	o the organization's exclusive l	egal control?		Yes	No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or dono	that grant funds of advisor, or for any	an be y other	∏Yes	□No
Pai	till Conservation Easements. Comp		newarad 'Vas' t	o Form C		
	Purpose(s) of conservation easements held by			O FOITH S	90, Part IV, IIII	3 /
•	Preservation of land for public use (e.g., re	` ` ,	¬''' //		- II	
		ecreation or education)			ally important land a	area
	Protection of natural habitat Preservation of open space	ł	Preservation of	a certified	historic structure	
2	Complete lines 2a through 2d if the organization	up hold a qualified concentration	aanteibuitian in tha	forms of a		
_	last day of the tax year	in held a qualified conservation	contribution in the	torm of a	conservation easem	ent on the
				å	Held at the End of t	he Tax Year
a	Total number of conservation easements			2a		
t	Total acreage restricted by conservation easen	nents		2b		
c	Number of conservation easements on a certification	ed historic structure included in	n (a)	2c		
c	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and	d not on a historic	2d		
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguis	ned, or terminated	by the orga	anization during the	
4	Number of states where property subject to con	nservation easement is located	•			
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring,	inspection, handli	ng of violat	ions,	□No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing co	nservation easeme	nts during		U ···
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conserv	vation easements d	luring the y	ear	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	uirements of sectio	n	Yes	□No
9	9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Par	Organizations Maintaining Colle Complete If the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or 0 Part IV, line 8	Other Sin	nilar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, educ	ation, or research	statement in furtherai	and balance sheet nce of public service	works of e, provide,
t	 If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items 	SFAS 116 (ASC 958), to report d for public exhibition, education	in its revenue stat n, or research in fu	ement and irtherance	balance sheet work of public service, pr	ks of art, ovide the
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$_	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other 16 (ASC 958) relating to these	sımılar assets for f items	inancial ga	in, provide the follow	wing
а	Revenues included in Form 990, Part VIII, line	1			► \$	
b	Assets included in Form 990, Part X				►\$	

Schedule o (Form 990) 2011 BOOKE	TIONS CI	שטי				12-603	3190		raye
Part III Organizations Maintai	ining Collec	tions of	Art, Histo	orical T	reasures, o	r Other Similar Ass	ets (c	ontını	ied)
Using the organization's acquisition items (check all that apply)	on, accession, a	and other r	ecords, che	ck any of	the following t	hat are a significant use	of its c	ollectio	'n
a Public exhibition		(d 🔲 Loan o	or exchar	nge programs				
b Scholarly research			e 🔲 Other						
c Preservation for future genera	stions		_						
4 Provide a description of the organ Part XIV	nization's collec	tions and e	explain how	they furth	ner the organiz	ation's exempt purpose	ın		
5 During the year, did the organizate assets to be sold to raise funds ra	ion solicit or re other than to be	ceive dona	tions of art,	historica	I treasures, or	other similar	☐ Yes	. Г	No
Rankiv Escrow and Custodial line 9, or reported an	l Arrangeme	ents. Cor	nplete if t	the orga	anization an				
1 a Is the organization an agent, trust	tee, custodian,	or other in	termediary f	for contrib	outions or other	r assets not			
included on Form 990, Part X? b If 'Yes,' explain the arrangement in ın Part XIV and	i complete	the following	g table			∐ Yes	L	No	
							Amoun	t	
c Beginning balance						1 c			
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance	_					1f	_	—	
2a Did the organization include an ar		990, Part	X, line 217				Yes	L	No
b If 'Yes,' explain the arrangement i			notion one	a = a = d	'Vaal ta Far	000 David IV/ I.m.	- 10		
Part V Endowment Funds. Co									
1 a Dogunnung of weer belones	(a) Current ye	ear	(b) Prior year	· '	(c) Two years back	k (d) Three years back	, ,	Four year	
1 a Beginning of year balance							\$ 3 3 Y	<u>* </u>	*\$6
b Contributions	-						1 1	<i>∰</i> 7	****
 c Net investment earnings, gains, and losses 									
d Grants or scholarships									tial : : "
Other expenditures for facilities and programs								*****	
f Administrative expenses							711	er i	237
g End of year balance							35.5		Sant ,
2 Provide the estimated percentage	of the current	year end b	alance (line	1g, colu	mn (a)) held as	5			
a Board designated or quasi-endow	ment 🕨		_ %						
b Permanent endowment	8								
c Temporarily restricted endowment	t >	ક							
The percentages in lines 2a, 2b, a	and 2c should e	qual 100%	•						
3a Are there endowment funds not in	the possession	n of the org	ganization th	hat are he	eld and adminis	stered for the	Г		
organization by							2-6	Yes	No
(i) unrelated organizations							3a(i)		-
(ii) related organizations				adula D2			3a(ii)		
b If 'Yes' to 3a(II), are the related or	_	-					3b	<u></u>	<u> </u>
4 Describe in Part XIV the intended Part VI Land, Buildings, and B					ne 10	_			
Description of property			other basis		est or other	(c) Accumulated	(4)	Book va	
Description of property	(invest)			is (other)	depreciation	(a) i	SOOK Va	ilue
1 a Land		1	10,000.	_				10	,000.
b Buildings			53,466.			63,466.			0.
c Leasehold improvements	Γ								
d Equipment									
e Other		4	12,421.			35,137.		7	,284.
Total. Add lines 1a through 1e (Column	n (d) must equa	al Form 990	0, Part X, co	olumn (B)), line 10(c))	>			,284.
BAA						Sched	dule D (F	orm 99	90) 2011

Schedule I	(Form 990) 2011	BOURG LIONS CLUB		72-605	5796 Page
		- Other Securities. See	Form 990, Part X.	line 12.	<u> </u>
		security or category	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion ket value
(1) Financ	ial derivatives				
(2) Closely	y-held equity intere	ests			
(3) Other		_			
<u>(A)</u>					
<u>(B)</u>					
					<u>_</u> .
<u>(E)</u>					
<u>(F)</u>					
<u>(G)</u>					
(H)					
_(1)					
		990 Part X, column (B) line 12	I		
Part VIII		- Program Related. See			
	(a) Description	of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year mark	on: et value
(1)				, , , , , , , , , , , , , , , , , , , ,	
(2)					
(3)					
(4)					<u>-</u>
(5)					
(6)					
(7)					
(8)	<u> </u>				
(9)					
(10)			<u> </u>		
	nn (b) must equal Form	990, Part X, column (B) line 13)		<u> </u>	
Part IX	Other Assets	. See Form 990, Part X, I			
		(a) De	scription		(b) Book value
(1)					
(2)					
(3)			· · · · · · · · · · · · · · · · · · ·		
<u>(4)</u> <u>(5)</u>			<u> </u>		 ·
(6)					
(7)			**		
(8)					
(9)	· · · · · ·				
(10)				-	
	lumn (b) must eau	al Form 990, Part X, column (B,), line 15)	>	
Part X		ies. See Form 990, Part			
		ption of liability	(b) Book value		
(1) Fede	ral income taxes			· ·	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				─	
(8)					

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 BOURG LIONS CLUB	72-6055796	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 'Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	\$4.94	
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 (2)	
a Investment expenses not included on Form 990, Part VIII, line 7b	* **,	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	1 - 1	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a Donated services and use of facilities	[8,3]	
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIV) e Add lines 2a through 2d		
3 Subtract line 2e from line 1	2 e	
	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c	
Part XIV. Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con any additional information	art IV, lines 1b and 2b; nplete this part to provide	

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

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Schedule D (Form 990) 2011 BOURG LIONS CLUB	72-6055796	Page 5
Schedule D (Form 990) 2011 BOURG LIONS CLUB Part XIV Supplemental Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

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 Openito Public

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 72-6055796 BOURG LIONS CLUB 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations а е Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants C Phone solicitations Special fundraising events g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes **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 (ii) Activity (III) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) (or retained by) have custody or control from activity (or retained by) of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** 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

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Schedule G ((Form	990 or	990.F7\	2011	ROURG	LTONS	CLUB

72-6055796

Page 2

Column (a) Column (a) Column (b) Column (c) Col	Pai	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	the organization ar	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, lir on Form 990-EZ,	ne 18. or reported	
Content types Content type					(b) Event #2	(c) Other events	(add column (a)	
3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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/prigressive bings 1 Gross revenue 113,570. 169,463. 283,03: 2 Cash prizes 93,893. 140,317. 234,21: 3 Non-cash prizes 206. 20: 4 Rentifacility costs 7,500. 7,475. 14,97: 5 Other direct expenses 5 Noneash prizes 5 Noneash prizes 9 3,893. 140,317. 234,21: 10 Were any of the organization operates gaming activities in each of these states? No lift 'Yes' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No lift 'Yes,' explain	R			(event type)	(event type)	(total number)	through column (c))	
3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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/prigressive bings 1 Gross revenue 113,570. 169,463. 283,03: 2 Cash prizes 93,893. 140,317. 234,21: 3 Non-cash prizes 206. 20: 4 Rentifacility costs 7,500. 7,475. 14,97: 5 Other direct expenses 5 Noneash prizes 5 Noneash prizes 9 3,893. 140,317. 234,21: 10 Were any of the organization operates gaming activities in each of these states? No lift 'Yes' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No lift 'Yes,' explain	E N U	1	Gross receipts					
4 Cash prizes 5 Noncash prizes 6 Renl/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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/risant bingo/progressive bingo (d) Total gaming (add column (a) through column (c) through col	E	2	Less Charitable contributions					
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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. 8 (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo through column (d) through column (d) through column (e) bingo bingo through column (e) and line 10 2 Cash prizes 9 3,893. 140,317. 234,214 3 Non-cash prizes 2 Cash prizes 9 3,893. 140,317. 234,214 4 Rent/facility costs 7,500. 7,475. 14,975. 5 Other direct expenses 5,094. 5,095. 10,185 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? X Yes No b if 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No b If 'Yes,' explain		3	Gross income (line 1 minus line 2)					
Be 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part IIII 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 (add column (a) through column (a) through column (a) through column (a) through column (a) through column (b) and line 10 2 Cash prizes 93,893. 140,317. 234,211 3 Non-cash prizes 206. 206. 207. 4 Rent/facility costs 7,500. 7,475. 14,975. 5 Other direct expenses 5,094. 5,095. 10,185. 6 Volunteer labor X Yes 100.00% X Yes 100.00		4	Cash prizes					
8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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 tabelinstant bingolprogressive bingo (dd column (d) add column (d) through column (d) and line 10 2 Cash prizes 93,893. 140,317. 234,211 2 Cash prizes 93,893. 140,317. 234,211 3 Non-cash prizes 206. 200 4 Rent/facility costs 7,500. 7,475. 14,975 5 Other direct expenses 5,094. 5,095. 10,185 6 Volunteer labor X Yes 100.00 % X Yes 100.00 % Yes % No 7 Direct expense summary Add lines 2 through 5 in column (d) and line 7 234,55 9 Enter the state(s) in which the organization operates gaming activities a list be organization licensed to operate gaming activities in each of these states? X Yes No bit 'No,' explain	D	5	Noncash prizes					
8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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 tabelinstant bingolprogressive bingo (dd column (d) add column (d) through column (d) and line 10 2 Cash prizes 93,893. 140,317. 234,211 2 Cash prizes 93,893. 140,317. 234,211 3 Non-cash prizes 206. 200 4 Rent/facility costs 7,500. 7,475. 14,975 5 Other direct expenses 5,094. 5,095. 10,185 6 Volunteer labor X Yes 100.00 % X Yes 100.00 % Yes % No 7 Direct expense summary Add lines 2 through 5 in column (d) and line 7 234,55 9 Enter the state(s) in which the organization operates gaming activities a list be organization licensed to operate gaming activities in each of these states? X Yes No bit 'No,' explain	R E	6	Rent/facility costs					
10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Saming. 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. Result		7	Food and beverages					
10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Saming. 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. Result	X P E	8	Entertainment		-			
10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Saming. 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. Result	N S E	9	Other direct expenses					
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. Cab Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add column (a) through column (c) through column (c)	3		•	• • • • • • • • • • • • • • • • • • • •		•		
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (add column (a) through column (c)	Pai		Gaming. Complete if the organiza	ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	orted more than	
bingo/progressive bingo through column (c) through		Γ	\$15,000 on Form 990-EZ, line 6a	1	<u> </u>		···	
1 Gross revenue 113,570. 169,463. 283,03. 2 Cash prizes 93,893. 140,317. 234,214 3 Non-cash prizes 206. 206 4 Rent/facility costs 7,500. 7,475. 14,975 5 Other direct expenses 5,094. 5,095. 10,185 6 Volunteer labor X Yes 100.00 % X Yes 100.00 % No No No No No No No No No No No No No	R E V E N			(a) Bingo	bingo/progressive	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
3 Non-cash prizes 4 Rent/facility costs 7,500. 7,475. 14,975. 5 Other direct expenses 5,094. 5,095. 10,185. 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 P Enter the state(s) in which the organization operates gaming activities in each of these states? P Enter the state(s) in which the organization operate gaming activities in each of these states? No bif 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No bif 'Yes,' explain	E 	1	Gross revenue	113,570.	169,463.		283,033.	
5 Other direct expenses 5,094. 5,095. 10,189 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a list the organization licensed to operate gaming activities in each of these states? 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No b If 'Yes,' explain	E	2	Cash prizes	93,893.	140,317.		234,210.	
5 Other direct expenses 5,094. 5,095. 10,189 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a list the organization licensed to operate gaming activities in each of these states? 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No b If 'Yes,' explain	D X I P R E E N	3	Non-cash prizes	206.			206.	
6 Volunteer labor X Yes 100.00 % X Yes 100.00 % No No No No No No No	Č Š T E S	4	Rent/facility costs	7,500.	7,475.		14,975.	
6 Volunteer labor No No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities Louisiana a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No b if 'Yes,' explain		5	Other direct expenses	5,094.	5,095.		10,189.	
8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities Louisiana a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' explain Yes X No		6	Volunteer labor					
9 Enter the state(s) in which the organization operates gaming activities Louisiana a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? The image of the organization operates gaming activities in each of these states? In it is a substant of the organization operates gaming activities in each of these states? In it is a substant of the organization operates gaming activities in each of these states? In it is a substant of the organization operates gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each of these states? In it is a substant of the organization operate gaming activities in each o		7 Direct expense summary Add lines 2 through 5 in column (d) 259, 580						
9 Enter the state(s) in which the organization operates gaming activities Louisiana a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No b if 'Yes,' explain		8 Net gaming income summary Combine lines 1, column (d) and line 7						
a is the organization licensed to operate gaming activities in each of these states? X Yes No	_	Ente	er the state(s) in which the organization on	erates gaming activities	Louisiana			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No	á	als th	ne organization licensed to operate gaming lo,' explain	activities in each of the	se states?		X Yes No	
			e any of the organization's gaming license:	s revoked, suspended or	r terminated during the t	 ax year [?]		
	BAA				1/24/12	Schedule G (For	rm 990 or 990 E7) 2011	

Schedule G (Form 990 or 990-EZ) 2011 BOUR	RG LIONS CLUB	72-6055796 Page 3
11 Does the organization operate gaming ac	tivities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary administer charitable gaming?	or trustee of a trust or a member of a partnership or	other entity formed to
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	n who prepares the organization's gaming/special even	ents books and records
Name ► RANDOLPH BASCLE		
Address ► <u>111 RETREAT DRIVE</u>	BOURG, LA 70343	
	n a third party from whom the organization receives go nue received by the organization \$arty \$ind party.	
Name •		
Address ►		! !
16 Gaming manager information		
Name •	~	
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Emp	oloyee Independent contractor	
17 Mandatory distributions		
state gaming license?	w to make charitable distributions from the gaming p under state law to be distributed to other exempt org	∐ Yes X No
organization's own exempt activities durin	g the tax year ► \$	
columns (III) and (v), and Pa	Complete this part to provide the explanat art III, lines 9, 9b, 10b, 15b, 15c, 16, and 1 tional information (see instructions).	7b, as applicable. Also complete
BAA	TEEA3703 05/20/11	Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047

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	-
	100043
	Carter Co.

Employer identification number

BOURG LIONS CLUB	,					72-6055796	96
Rank General Information on Grants and Assistance	rants and Assist	ance					
1 Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	ds to substantiate the	e amount of the gran	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntees' eligibility for the	grants or assistance,	and	Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	procedures for moni	toring the use of gra	nt funds in the United St	ates			i
Pariting Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ince to Governm for any recipient f additional space	ents and Organi t that received me is needed	d Organizations in the United States. Complete if the organization answered 'Yes' to ceived more than \$5,000. Check this box if no one recipient received more than \$5,00 ded	ed States. Complet heck this box if no	e if the organizat one recipient rec	ion answered 'Y eived more than	es' to \$5,000. ►
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>Bourg_Lioness_Club</u> <u>P_O Box_286</u> Bourg_LA 70343	90-0609234	501(c)4	6,369.				Program Servic
(2)							
(3)							
[4]							
(5)							
J							
<u></u>							
	3) and government or	ganizations listed in	the line 1 table			•	
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				•	

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Openito Rublic

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization 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.

BOURG LIONS CLUB	72-6055796
Pt_VI,_Line_6ORGANIZATION_HAS_INDIVIDUALS_AS_GE	ENERAL MEMBERS
Pt_VI,_Line_7aALL_GENERAL_MEMBERS_HAVE_VOTING_RI	GHTS
Pt VI, Line 7b ALL GOVERNING BOARD DECISIONS ARE SUBJ	ECT TO RATIFICATION BY GENERAL MEMBERSHIP
Pt_VI, Line 10b THE CENTRAL ORGANIZATION HAS WRITTEN POLIC	IES & PROCEDURES GOVERNING AFFILIAT ACTIVITIES
Pt_VI, Line_11a A COPY_OF_THE_FORM_990_IS_AVAILABI	LE TO ALL MEMBERS BEFORE FILING.
*- -	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission

FUNDS FOR CASH GRANTS TO VARIOUS CHARITIES AND NON-PROFIT CAUSES AT

LOCAL, STATE AND NATIONAL LEVELS.

Druky Low Club

ware lines

FIXED ASSETS & ALLOWANCE FOR DEPRECIATION

FOR THE YEAR ENDED_

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METHOD

63.465.53 10,132.30 PRIOR YEARS 9546.37 6348.50 2034.00 98243.52 1450.00 57600 4103.32 587.61 DEPRECIATION 15.27 1135.80 69:554 84650 44.00 359.00 THIS YEAR 236.00 3/42.26 (RATE 63465.52 9546.37 10,000.00 8,465.00 11,358.00 68057 640.00 10.65.5% 1450 00 11588678 3590.00 2360.00 COST END OF YEAH SECTION (179) DATE ACQUIRED 56610661 1967-1985 1985 2-03 3-04 7-07 8-06 806 80-9 6-03 11-07 URNEWAY IT DESCRIPTION OF PROPERTY Morhan Aldofordious TRept Ice Machine 110 Sustem Deen (100/02 KW grage Dunon's Val VODCOM1

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of ti Internal Revenu	he Treasury e Service	► File a sep	arate appli	cation for each return.		
If you ar	e filing for an A	Automatic 3-Month Extension, comp	plete only P	Part I and check this box		► X
• If you ar	e filing for an A	Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this fo	rm)	_
Do not com	plete Part II un	<i>less</i> you have already been granted	an automa	tic 3-month extension on a previously filed	Form 8868	
corporation request an e Associated '	required to file extension of time With Certain Pe	Form 990-T), or an additional (not a se to file any of the forms listed in P	automatic) 3 art I or Part st be sent to	a 3-month automatic extension of time to f 3-month extension of time. You can electro till with the exception of Form 8870, Inform o the IRS in paper format (see instructions) Charities & Nonprofits	nically file Form 88 ation Return for Tr	368 to ransfers
Part A	utomatic 3-	Month Extension of Time. O	nly subm	nit original (no copies needed).		
A corporation	on required to fi	le Form 990-T and requesting an au	tomatic 6-n	nonth extension - check this box and com	plete Part I only	▶
All other col income tax		uding 1120-C filers), partnerships, F	REMICS, an	d trusts must use Form 7004 to request an		
	Name of exempt	organization or other filer, see instructions		Enter filer's identifyi	Ing number, see in Employer identification n	
Type or print		ONS CLUB			X 72-605579	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
File by the due date for		and room or suite number. If a P.O. box, see in	structions		Social security num	
filing your return See	111 RETEAT DRIVE					
instructions	City, town or pos	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	BOURG LA 703					3-3414
Enter the R	eturn code for t	he return that this application is for	(file a sepa	rate 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-P	orm 990-PF 04 Form 5227			10		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other tha	an above)	06	Form 8870		12
• The boo	ks are in the ca	are of ► RANDOLPH_BASCLE				<u> </u>

● The books are in the care of ► RANDOLPH BASCLE			
Telephone No ► (985) 594-4810 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) 0239 If the check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box			
 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15	al retur	'n	
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.	3ь	\$	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	3с	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form apayment instructions	8879-E	EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)