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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

at the end of the year may use this form.

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilitie 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 2012

OMB No. 1545-1150

Open to Public Inspection

A For the 2012 calendary year, or tax year beginning	The organization may have to use a copy of this return to satisfy state reporting requirements.						
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Annexion return Control Costs	=						
A Accounting Method: □ Cash □ Account Other (speetfly) ►	=			-	A 1170		
Website: ► MAILU Notification Support S		Application		lumber	· 0d21		
J Tax-esempt status (check only one) — □ 501(e)(3 □ 501(e)(4 □ 4 meart no.) □ 447(e)(1) or □ 527 (Form 190, 990-EZ, or 190-FF). K Check ► □ ff the organization is not a section 505(e)(3) supporting organization or a section fish gross receipts are normally not more than \$50,000. A Form 190-EZ or Form 190 return is not required though Form 190-6 (e-posticard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 56, can 470, to line 91 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II). Inte 25, column (8) below) are \$500,000 or more, file Form 190-EZ	G A	Account		:k ▶ 🎾 i	if the organization is not		
K Check			e: ► WWW NOBOLKYIONSCLUBICOM requi				
not more than \$50,000. A Form \$90-EZ or Form \$90 return is not required though Form \$90-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 56, 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 (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90 extending the part of total assets (Part II.) 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 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 3 33, 319 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 B	<u>J T</u>	ax-exem	npt status (check only one) — ☐ 501(c)(3) 💆 501(c) (4) 🔌 (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form	n 990, 99	0-EZ, or 990-PF).		
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	For				Form 990-F7 (2012)		

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	Check if the organization used Schedule	O to respond to an				<u> </u>		
	•		1.0	A) Beginning of year		(B) End of year		
22	Cash, savings, and investments			14,678	22 23			
23	Land and buildings		-		24			
24 25	Other assets (describe in Schedule O) Total assets		· · · · · -		25			
26	Total liabilities (describe in Schedule O)				26			
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	.00///	27	19.433		
Part				art III)		Expenses		
	Check if the organization used Schedule				(Req	uired for section		
What	is the organization's primary exempt purpose?	CIVIC/SOCI	AL SERVIC	<i>ES</i>	501(c)(3) and 501(c)(4) organizations and section			
as m	ribe the organization's program service accomplis easured by expenses. In a clear and concise mand ons benefited, and other relevant information for eac	anner, describe the			4947	(a)(1) trusts; optional thers.)		
28	NEBR FOOTBALL TICKET RAFFLE		FUND TO H	as with				
		45 GIFT FROM		RELAY FOR		1866		
		includes foreign gra		▶ □	28a			
29	SHOTEUM RAFFIE FOR CHARTY			FOR LIONS				
	EYECLASS GUNDATION LARGE)	1472		
		&57 <i>21</i> 5/0		25	00-	' ' ' '		
30	PANCAKE FED FOR CHARITY	includes foreign gra		Times and	29a			
•	METCHBORS SALVATION ARMY					0580		
	ROD EYEGLASSES, YMCA 5	TROHG KI	DS	,		0 200		
	(Grants \$) If this amount i	includes foreign gra	nts, check here .	▶ 🗆	30a			
31	Other program services (describe in Schedule O)	LIONS PA	ADE FOR CH	るがでる		1400		
00			nts, check here .		31a			
Pari	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key				32	13,325		
rail	Check if the organization used Schedule				Struct	lons for Part IV)		
	Oncon in the organization does demodate	(b) Average	(c) Reportable	(d) Health benefits,	Ť	···· <u> </u>		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0	Estimated amount of ther compensation		
B	NORDIK NO. 68701	PRESIDENT	JUES LATE	NONE		Nonci		
ياد	FF BURKINK 1301 N. 30th ST NORDLK, NET 68701 NORDLK, NET 68701 NORDLK, NET 68701	3 HRS	TRAE DUES	NOME		NONE		
ঙ	ADY I LAHNSAU DILL CALLEGE DIGG TO				İ	1101.0		
	T. I SSIVEDA ATTI DIMEBULE DE	TRUASURER	· SAE		-	Novie		
	NOTOLK, ME 68701	TRUASURER 3 HRS		NONE		NONE		
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	NOTOLK, NE GOTOI	TRUASURER 3 HRS	· Sie			Novie		
	NOTOLK, ME 68701	TRUASURER 3 HRES				NONE		
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	NOTOLK, ME 68701	TRUASURER 3 HRS				NONE		
	NOTOLK, ME 68701	TRUASURER 3 HRS				None		
	NOTOLK, ME 68101	TROASURER 3 HRS	· SES			NONE		
	NOTOLK, ME 68101	TRUASURER 3 HRS	· SES			None		
	NOTOLK, NE 68101	TRUASURER 3 HRS	· SES			NONE		
	NOTOLK, ME 68701	TRUASURER 3 HRS				NONE		
	NOTOLK, NE 68101	TROASURER 3 HRS				None		
	NOTOLK, NE 68101	TRUASURER 3 HRS	· SES			None		
	NOTOLK, NE 68701	TRUASURER 3 HRS				None		

Part	· · · · · · · · · · · · · · · · · · ·			
	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	163	No X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Nonc Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
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
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42a b	The organization's books are in care of SALY L. SOHMSON Telephone no. > 403 Located at > Q(1) COLLEGE VICTO DE MONTOUK, NC ZIP + 4 > At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-3 68	フ[- 70] Yes	765 No
	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		Ż
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No 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 d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Form 990-EZ (see instructions)	45b		X.

								Yes	No
46	Did th	e organization engage, directly or in ididates for public office? If "Yes," c	directly, in political complete Schedule C,	ampaign activities Part I	on behalf o	f or in opposit	tion 46		X
Part '		Section 501(c)(3) organizations		47.40	. 50				
		All section 501(c)(3) organization: 50 and 51	s must answer que	stions 47–49b an	id 52, and	complete th	e tables 1	for lin	es
		Check if the organization used Sch	nedule O to respond	to any question is	n this Part	VI			. 🗆
••-								Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		-			X
48		organization a school as described in		•			. 48	<u> </u>	X
49a	· · · · · · · · · · · · · · · · · · ·								
50	Comp	If "Yes," was the related organization a section 527 organization?							
		Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribution benefit plant	ealth benefits, ions to employee ans, and deferred inpensation	(e) Estimat	ed amo	unt of
		LONE							
						· · · · · · · · · · · · · · · · · · ·			
·									
f		number of other employees paid ov plete this table for the organization				_	hiv-		- 4h
51	\$100,	000 of compensation from the organization	nization. If there is no	one, enter "None."	ent contrac	T each	received		e than
(a)	Name a	nd address of each independent contractor pa	ed more than \$100,000	(b) Type of	service	(c) Compensa	tion	
				-					
					· · · · · · · · · · · · · · · · · · ·			-	
								····	
d	Total	number of other independent contra	actors each receiving	over \$100,000	. •	<u> </u>			· <u>-</u>
52	Did th	ne organization complete Schedule A	A? Note: All section 5	i01(c)(3) organizatio	ons and 49	47(a)(1)	► ☐ Ye	s 🗆	No
Under p	enalties	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompan	lying schedules and state	ements, and to	o the best of my k	nowledge an	d belief	, rt is
	The complete. Bed administrative of preparer to their states which preparer has any knowledge.						113		
Sign Here		Signature of officer JOHNSON 1722ASULTR							
		Type or print name and title							
Paid Prep	arer	Pnnt/Type preparer's name	Preparer's signature		Date	Check self-emplo			
	Only	Firm's name ▶				Firm's EIN ▶			
Mav ti	ne IRS	Firm's address ▶ discuss this return with the prepare	r shown above? See	instructions		Phone no.	▶ □ Ye	<u> </u>	No
			,,_,,, ~~~,,, ~~~				- 1 1 1 1 1 1 1 1 1 1 1		

Form 990-EZ (2012)

Page 4

Norfolk Lions Club Program Service Accomplishments 2012-2013

Lions Club Objectives:

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

To Promote the principles of good government and good citizenship.

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

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

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

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

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

Project #1		Donations for Fiscal Year:				
Nebraska Footba	ll Ticket Raffle	Good Neighbors				
Debit	\$1866.00	Salvation Army				
Credit	\$5300.00	Post Proms				
Profit	\$3434.00	Guide & Hearing Dogs				
		HS Scholarships				
Project #2		Nebr. Lions Foundation				
Shotgun Raffle		LCIF				
Debit	\$1473.00	Library-Lg Print Books				
Credit	\$3193.00	Chamber Building				
Profit	\$1720.00	R. Shaffer Scholarship Fund				
Project #3		UNL Foundation				
Pancake Feed		Music Awards-Youth Req.				
Debit	\$ 8580.00	Veterans Gift Program				
Credit	\$27528.00	Relay for Life				
Profit	\$18948.00	Big Bang Boom				
		Teammates				
Project #4		Faith Regional Hospital				
Parade		YMCA-Strong Kids				
Debit	\$1406.00	S.M.I.L.E.				
Credit	\$1720.00	Vision/Glasses Program				
Profit	\$ 314.00	Big Brother/Big Sister				
		American Legion Baseball				
		Mercy Meals				
		Wounded Warriors				
		Hero's Park				
		Bike Rodeo				
		Fire Relief Donation				