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| Part |  |                   |
|------|--|-------------------|
| 1    | Check if Schedule O contains a response to any question in this Part III   |                   |
| •    | TO PROMOTE AND ASSIST COMMUNITY WELFARE THROUGH CHARITIABLE ASSISTANCE AND RELIEF  |                   |
|      | TO THOMATE AND ADDIST COMMONNET WELL AND MINORAL CHARLES ADDISTANCE AND RELIEF   |                   |
|      |  |                   |
|      |  |                   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   | _                 |
|      | prior Form 990 or 990-EZ?  | ∐ No              |
| 3    | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program |                   |
| ·    | services?  | 71 No.            |
|      | If "Yes," describe these changes on Schedule O.  | <u>.</u> 140      |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measu                                     | red by            |
|      | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o                                 |                   |
|      | the total expenses, and revenue, if any, for each program service reported.  |                   |
|      |  |                   |
| 4a   | (Code ) (Expenses \$ including grants of \$ 62700 ) (Revenue \$  | )                 |
|      | CAVE CRANTE TO LOCAL NOT DROFT ORGANIZATING TO FURTHER ACCIPTANCE TO THE COMMUNITY   |                   |
|      | GAVE GRANTS TO LOCAL NOT PROFIT ORGANIZATINS TO FURTHER THIER ASSISTANCE TO THE COMMUNITY  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  | - <i>-</i>        |
| 4b   | (Code: ) (Expenses \$ including grants of \$ 49450 ) (Revenue \$   | )                 |
|      | ASSISTANCE TO GROUPS AND INDIVIDUALS IN THE COMMUNITY FOR FOOD, ELECTRICITY, EYE GLASSES AND OTHER   | ,                 |
|      | HUMANARIAN NEEDS   |                   |
|      |  |                   |
|      |  |                   |
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|      |  |                   |
|      |  |                   |
| 4c   | (Code: ) (Expenses \$ including grants of \$ 10500 ) (Revenue \$   | )                 |
|      | GAVE SCHOLARSHIPS TO LOCALSTUDENTS   |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
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|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
|      |  |                   |
| 4d   | Other program services (Describe in Schedule O.)   |                   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )  |                   |
| 4e   | Total program service expenses ▶   |                   |

## SCHEDULE A (Form.990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

| Name     | of the organization                                       |   |   |                                    |   |                         |  | Employer ic              | ientification                            | number                |                    |                  |
|----------|---|---|---|------------------------------------|---|-------------------------|--|--------------------------|--|-----------------------|--------------------|------------------|
|          | ORD LIONS CLUB  |   |   |                                    |   |                         |  |                          |  | 65044                 |                    |                  |
| Pa       |   |   | rity Status (All orga   |                                    |   |                         |  | <del> (</del>            | nstructio                                | ns.                   |                    |                  |
| 1 2 3 4  | A church, con A school desc A hospital or a A medical res | ivention of churc<br>cribed in section<br>a cooperative ho              | ation because it is: (Fo<br>hes, or association of<br>170(b)(1)(A)(ii). (Attac<br>spital service organiza<br>on operated in conjun- | churches<br>ch Sched<br>ation desc | s describe<br>ule E.)<br>cribed in s      | ed in sec<br>section    | tion 170(<br>170(b)(1)(                      | (b)(1)(A)(i<br>(A)(iii). |  | (iii). Ente           | er the             |                  |
| 5        | An organization   | on operated for b)(1)(A)(iv). (Com                                      | the benefit of a colle  | ge or uni                          | versity ov                                | wned or                 | operated                                     | by a go                  | vernment                                 | al unit d             | lescrib            | ed in            |
| 6<br>7   | An organization   | on that normally  | nment or government receives a substantia   | al part of                         |   |                         |  |                          | nit or fron                              | n the ge              | neral p            | oublic           |
| 8        | ☐ A community   | trust described i   | n section 170(b)(1)(A   | )(vi). (Cor                        | nplete Pa                                 | ırt II.)                |  |                          |  |                       |                    |                  |
| 9        | receipts from<br>support from                             | activities related<br>gross investme                                    | receives: (1) more that<br>d to its exempt funct<br>ent income and unre<br>lifter June 30, 1975. So                                 | ions—sul<br>lated bus              | bject to d<br>siness tax                  | certain ex<br>xable inc | ceptions                                     | s, and (2)<br>ss section | no more                                  | than 3                | 31/3%              | of its           |
| 10<br>11 | An organization purposes of of                            | on organized ar   | d operated exclusively<br>and operated exclusive<br>plicly supported organ<br>describes the type of                                 | ely for th                         | ie benefil<br>described                   | t of, to p              | perform to 100 (a                            | the funct<br>a)(1) or se | ions of,<br>ection 50                    | 9(a)(2). S            |                    |                  |
| e<br>f   | other than for<br>or section 509<br>If the organiz        | this box, I certify<br>undation manage<br>9(a)(2).<br>cation received a | II c ☐ Type II that the organization ers and other than one a written determination   | is not co<br>e or more<br>on from  | ntrolled depublicly                       | lirectly or support     | ndirectled organ                             | y by one izations o      | lescribed                                | disqualif<br>in secti | ed pe<br>on 509    | rsons<br>9(a)(1) |
| 9        |   | 17, 2006, has t   | he organization acce  |                                    |   | ontributio              | n from a                                     | iny of the               | <b>;</b>                                 |                       |                    |                  |
|          |   |   | ndirectly controls, eithody of the supported  |                                    |   |                         |  |                          |  | nd<br>11g(r           | Yes                | No<br>✓          |
|          | (ii) A family m   | nember of a pers  | on described in (i) abo   | ove?                               |   |                         |  |                          |  | 11g(i                 | i)                 | 1                |
|          |   |   | a person described in   |                                    |   |                         |  |                          |  | 11g(ii                | 1)                 | 1                |
| h        | Provide the fo  | llowing informat  | on about the support  | ed organi                          | izatıon(s).                               |                         |  |                          |  | '                     |                    |                  |
| (i)      | Name of supported<br>organization                         | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions))                                | in col (i) la                      | organization<br>sted in your<br>document? | the orgai               | ou notify<br>nization in<br>of your<br>port? | organizat<br>(i) organi  | s the<br>tion in col<br>zed in the<br>S? | (vii) Amou<br>S       | nt of mo<br>upport | onetary          |
|          |   |   |   | Yes                                | No  | Yes                     | No   | Yes                      | No                                       |                       |                    |                  |
| (A)      | •   |   |   |                                    |   |                         |  |                          |  |                       |                    |                  |
| (B)      |   |   |   |                                    |   |                         |  |                          |  |                       |                    |                  |
| (C)      | -   |   |   |                                    |   |                         |  |                          |  |                       |                    | _                |
| (D)      |   |   |   |                                    |   |                         |  |                          |  |                       |                    | -                |
| (E)      | _ <del>.</del>  |   |   |                                    |   |                         |  |                          |  |                       |                    |                  |
|          |   |   |   |                                    |   |                         |  |                          |  |                       |                    |                  |

| Part     |   |                |                  |                                       |                   |                  |              |  |
|----------|---|----------------|------------------|---------------------------------------|-------------------|------------------|--------------|--|
|          | (Complete only if you checked the   |                |                  |                                       |                   |                  | alify under  |  |
| Secti    | Part III. If the organization fails to on A. Public Support   | quality und    | er the tests is  | stea below, p                         | rease compr       | ete Part III.)   |              |  |
|          | dar year (or fiscal year beginning in)  | (a) 2008       | <b>(b)</b> 2009  | (c) 2010                              | (d) 2011          | (e) 2012         | (f) Total    |  |
| 1        | Gifts, grants, contributions, and   | (a) 2000       | (6) 2000         | (6) 25.0                              | (4) 2011          | (6) 2012         | (i) Total    |  |
|          | membership fees received. (Do not include any "unusual grants.")  |                |                  |                                       |                   | }                |              |  |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                |                  |                                       |                   |                  |              |  |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                |                  |                                       |                   |                  |              |  |
| 4        | Total. Add lines 1 through 3  |                |                  |                                       |                   |                  |              |  |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)   | , ,            |                  | ,                                     |                   |                  |              |  |
| 6        | Public support. Subtract line 5 from line 4   |                |                  |                                       |                   |                  |              |  |
| Secti    | on B. Total Support   |                |                  |                                       |                   |                  |              |  |
| Calen    | dar year (or fiscal year beginning in)  | (a) 2008       | <b>(b)</b> 2009  | (c) 2010                              | (d) 2011          | (e) 2012         | (f) Total    |  |
| 7        | Amounts from line 4   |                |                  |                                       |                   |                  |              |  |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                |                  |                                       |                   |                  |              |  |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on  |                |                  |                                       |                   |                  |              |  |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                |                  |                                       |                   |                  |              |  |
| 11<br>12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc   | •              |                  |                                       |                   | 12               |              |  |
| 13       | First five years. If the Form 990 is for the  | -              | n's first, secon | ia, thira, tourtr                     | n, or fifth tax y | ear as a section | on 501(c)(3) |  |
| Section  | organization, check this box and stop he for C. Computation of Public Support   |                |                  | · · · · · · · · · · · · · · · · · · · | · · · · ·         |                  |              |  |
| 14       | Public support percentage for 2012 (line  |                |                  | 11 column (fil)                       |                   | 14               | %            |  |
| 15       | Public support percentage for 2012 (inter-  |                | -                |                                       |                   | 15               | <u> </u>     |  |
| 16a      | 331/3% support test—2012. If the organi<br>box and stop here. The organization qua  | zation did not | check the box    | on line 13, an                        | d line 14 is 33   | 1/3% or more, o  | heck this    |  |
| b        |   |                |                  |                                       |                   |                  |              |  |
| 17a      |   |                |                  |                                       |                   |                  |              |  |
| b        | 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly |                |                  |                                       |                   |                  |              |  |
| 18       | supported organization  Private foundation. If the organization di instructions   | id not check a | box on line 13   | 3, 16a, 16b, 17a                      | a, or 17b, ched   | ck this box and  | see          |  |