

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.							Inspection					
A For the 2013 calend			ar year, or tax	year beginnir	19 LLY	1	, 2	2013, a	nd ending	100	7	3 ,20/4			
_		pplicable ⁻	C Name of orga			0						entification number			
	Address o	change	l Nor	るくて	LION	a Clu	B			1 4	7-6	62098CQ			
	Name cha	ange	Number and stre	et (or P.O. box	, if mail is not del	vered to street ad	· · · · · · · · · · · · · · · · · · ·	T	Room/surte		E Telephone number				
$\boldsymbol{\mathcal{F}}$	Intual return PO BOX 392								4	102-371-7657					
=	Terminate Amended	-	City or town, sta		country, and ZIP	or foreign postal o	ode				Group Exemption				
=		on pending	No	POLK,	, NE (870 Z	-03	347			mber ► 02.39				
		ting Method:	☐ Cash ☐		Other (specify)					H Check	★ Aif the organization is not				
1.4	Vebsite	e: ► wa	IW NOR	でムイム	ons Glub	Com					ed to attach Schedule B				
J T	ax-exer	npt status (che	ck only one) —	501(c)(3)	∑ 501(c) (Ч) ◀ (insert no.)	4947(a	a)(1) or	□ 527	(Form 9	90, 99	, 990-EZ, or 990-PF).			
			☐ Corporati		/	Association	Ot								
LA	dd line	s 5b, 6c, and	7b, to line 9 to	determine gro	ess receipts. If o	gross receipts a	e \$200,00	00 or n	nore, or If	total assets)				
(Pa	rt II, col	lumn (B) below	v) are \$500,000	or more, file l	Form 990 inste	ad of Form 990-	EZ				▶ \$	i			
Р	art I					Assets or F					ctions	for Part I)			
		Check if	the organiza	tion used Se	chedule O to	respond to a	ny ques	tion ir	this Pa	<u>rt I </u>		🗆 🗷 🗸 .			
	1		ons, gifts, gran								1	65,604			
	2	_				es and contra	cts .				2	~~~			
	3		ip dues and a	ssessments							3	202,405			
	4	Investment					· · · ,				4				
	5a		unt from sale			•	• •	5a			.				
	b		or other basis		•		· · [5b			- I				
	6 6		ss) from sale o d fundraising		er than inven	tory (Subtract	line 5b fr	rom lir	ne 5a) .		5c				
	а	Gross inco	ome from ga	aming (attac	ch Schedule	G if greater	than				1 1				
Ē		\$15,000) .													
Revenue	b	<u> </u>									1				
æ					ported on line 1) (attach Schedule G if the										
		sum of suc	h gross incon	ne and contr	ibutions exce	eds \$15,000)	[6b]				
	C		t expenses fro				<u>l</u>	6c							
	d		me or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract												
	_	line 6c) .						٠.,	• • •		6d				
	7a		s of inventory,		and allowan	ces	• •	7a			1 1				
	Ь		of goods sold				․ ։ _և	7b			_				
	С 8					ract line 7b fro		a) .	• • •		7c				
	9		nue (describe nue. Add lines					• •	• • •		8	06 690			
	10		similar amou				· - · ·	<u> </u>	<u> </u>		10	12/200			
Expenses	11		id to or for me		Consider	o,	1	RE(CFIV	Fn -	111				
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	14		, rent, utilities		•		OCT 2 7 201				44				
	15		iblications, po]	· ·		RS	15				
	16		nses (describe				! .	GD	FM.	1.17	16	102,018			
	17		nses. Add line		•			<u>ت :</u>		<u>vi</u>	17	102,018			
ςς	18	Excess or (c	deficit) for the	year (Subtra	act line 17 fro	m line 9) .					18	(6,430)			
set	19					from line 27	, column	n (A)) ((must ag	ree with					
Ą		end-of-year	r figure report	ed on prior y	/ear's return)						19	H,433			
Net Assets	20					lain in Schedu					20				
	21					ne lines 18 th	ough 20	<u> </u>	<u> </u>	<u> ▶</u>	21	13,004			
For	Paperv	work Reduction	on Act Notice,	see the sepa	rate instructio	ins.		Cat. N	lo 106421			Form 990-EZ (2013)			



Pai	t II		ets (see the instruction			_	
		Check if the on	ganization used Schedu	ile O to respond to a	ny question in this		<u> L</u>
					<u> </u> _	(A) Beginning of year	(B) End of year
22	Cash	n, savings, and in	rvestments			14,433	22
23	Land	and buildings .					23
24	Othe	er assets (describ	e in Schedule O)				24
25	Tota	l assets					25
26			cribe in Schedule O) .		L	102,018	26 .1
27	Net:		palances (line 27 of colur				27 13,004
Par	III	Statement of I	Program Service Acco	mplishments (see th	ne instructions for F	Part III)	Expenses
		Check if the or	ganization used Schedu	ile O to respond to a	ny question in this	Part III 🔲	(Required for section
What	is the	organization's pr	rimary exempt purpose?	CIVIC, SO	CIAL SER	ハベビン	501(c)(3) and 501(c)(4)
Desc	ribe th	e organization's	program service accom	olishments for each o	f its three largest p	rogram services.	organizations and section 4947(a)(1) trusts; optional
			In a clear and concise				for others.)
			r relevant information for	each program title.			
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	CA.		,				2001
	(Grant	·) If this amou	nt includes foreign gr	ants. check here .	• 🗇 🗎	28a
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		EASTS ,					2001
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31			s (describe in Schedule C		IF TOURH FOR	CHARLEL	2154
00	(Grants) it this amou expenses (add lines 28	nt includes foreign gra		· · · • • • • • • • • • • • • • • • • •	31a
	_					-4.1	32 14,520
Par	_	List of Officers, I	Directors, Trustees, and K	ey Employees (list eac	h one even if not comp		
	_	List of Officers, I		ey Employees (list eac	h one even if not comp ny question in this l	Part IV	
	_	List of Officers, I Check if the org	Directors, Trustees, and R ganization used Schedu	le O to respond to a (b) Average	h one even if not comp	Part IV	
	_	List of Officers, I	Directors, Trustees, and R ganization used Schedu	ey Employees (list eac lie O to respond to a	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employed benefit plans, and	structions for Part IV)
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	QY =	List of Officers, I Check if the org (a) Name	Directors, Trustees, and Meganization used Scheduland title	Ley Employees (list each lie O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) Estimated amount of other compensation
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Par	QY Nor Nor	List of Officers, I Check if the org (a) Name JACKSON TOLK, NE SURKINK	Directors, Trustees, and Meganization used Scheduland title 208 S. 124h S. 130h S. 13	(ey Employees (list each lie O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV) Get (e) Estimated amount of other compensation
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					_			Yes	NO
46		he organization engage, directly or in						1	V
		ndidates for public office? If "Yes," o		, Part I	• • •	· , · · · ·	46		
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s must answer que			-	tables	for lin	es
		Check if the organization used Sc	hedule O to respond	I to any question i	n this Par	t VI			<u>. D</u>
47	D: 4 A	to accounting against a labbidge	antivities or boye a	andian EO1/h) alam	dian in aff	ant during the t		Yes	No
47	year'	he organization engage in lobbying? If "Yes," complete Schedule C, Par	t11				47		X
48		e organization a school as described in					48		
49a		he organization make any transfers t es," was the related organization a se					49a		1
50		plete this table for the organization's							nd kev
		oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employee plans, and deferred empensation	(e) Estimat other co		
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f		number of other employees paid ov				_			
51 	\$100	plete this table for the organization, ,000 of compensation from the orga	s five highest compenies in a second compenies of the	ensated independe one, enter "None."	ent contrac	ctors who each	received	i more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c)	Compensa	tion	
								_	
									 -
		· · · · · · · · · · · · · · · · · · ·				<u> </u>			
ď	Total	number of other independent contra	ctors each receiving	over \$100,000	. •	- J			
52		ne organization complete Schedule A	_		ns and 49	47(a)(1)			
		xempt charitable trusts must attach			• • •	<u> Þ</u>	Yes		No
Under pe	enalties rect. an	of perjury, I declare that I have examined this of complete Declaration of preparer (other than	eturn, including accompany	ring schedules and state	ements, and t	to the best of my knowledge	wledge an	d belief,	rt ıs
	1001, 211	decomplete backardin and eparer (order than	dince) is based on all lines	Triadori or which prepar	er naseny kr	lowledge /	121		
Sign		Signature of officer				Date 10120	17		
Here		6A74 L	HINSON!	1REASUR	EC.	- 4			
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	d PIIN		
Prepa	arer		<u></u>	/		self-employ	ed		
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Form 990-EZ (2013)

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Form **990-EZ** (2013)

Norfolk Lions Club Program Service Accomplishments 2013-2014

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:					
Nebrasl	ka Football '	Ticket Raffle	Good Neighbors					
]	Debit	\$2001.00	Salvation Army					
	Credit	\$6000.00	Post Proms Guide & Hearing Dogs					
)	Profit	\$3999.00						
			HS Scholarships					
Project	#2		Nebr. Lions Foundation					
Shotgui	n Raffle		LCIF					
Į,	Debit	\$1543.00	Library-Lg Print Books					
	Credit	\$2888.00	City Little League BB					
1	Profit	\$1345.00	R. Shaffer Scholarship Fund					
Project	#3		UNL Foundation					
Pancak	e Feed		Music Awards-Youth Req.					
I	Debit	\$ 8817.00	Veterans Gift Program					
	Credit	\$25697.00	Relay for Life					
I	Profit	\$16880.00	Big Bang Boom					
			Teammates					
Project	#4		Faith Regional Hospital					
Golf			YMCA-Strong Kids					
I	Debit	\$2159.00	S.M.I.L.E.					
(Credit	\$4221.00	Vision/Glasses Program					
F	Profit	\$2062.00	Big Brother/Big Sister					
			American Legion Baseball					
			Mercy Meals					
			Wounded Warriors					
			Make-A-Wish					
			Bike Rodeo					
			Food Pantry					
			•					