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Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning		7/1/2015	, and ending	6/30/2016
B Check if applicable.		C Name of organization		
<input type="checkbox"/> Address change		Lions Intl Woodcliff Lions Club		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		980 County Road W S-69		
<input type="checkbox"/> Final return/terminated		City or town	State	ZIP code
<input type="checkbox"/> Amended return		Fremont	NE	68025
<input type="checkbox"/> Application pending		Foreign country name	Foreign province/state/county	Foreign postal code

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ►		
I Website: ► NA		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
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K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$	60,849
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 37,333
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 5,646
	4 Investment income	4 24
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 17,175
	b Gross income from fundraising events (not including \$ 33,841 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c 35,117
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d -17,942
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 671
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 25,732
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 13,540
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 730
	14 Occupancy, rent, utilities, and maintenance	14 1,436
	15 Printing, publications, postage, and shipping	15 237
	16 Other expenses (describe in Schedule O)	16 22,314
	17 Total expenses. Add lines 10 through 16	17 38,257
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -12,525
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 46,866
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -1,972
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 32,369

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2015)

P 3

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,866	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	46,866	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)	46,866	27
		32,369

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? Help blind and sight impaired persons.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Help support blind and sight impaired persons

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	13,540
29				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)		► <input type="checkbox"/>	32	13,540

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nicole Johnson				
President	Hr/WK 2.00	0	0	0
Tim Drause				
1st Vice President	Hr/WK 2.00	0	0	0
Frank Dolejs				
2nd Vice President	Hr/WK 1.00	0	0	0
Diane Rogers				
3rd Vice President	Hr/WK 1.00	0	0	0
Heather Smith				
Secretary	Hr/WK 1.00	0	0	0
Julian Mailey				
Secretary	Hr/WK 1.00	0	0	0
Mandy Gardner				
Treasurer	Hr/WK 2.00	0	0	0
Eileen Mazour				
Treasurer	Hr/WK 2.00	0	0	0
Wes Ewasuk				
Board Member	Hr/WK 1.00	0	0	0
Cindy Earl				
Board Member	Hr/WK 1.00	0	0	0
Mary Jorgenson				
Board Member	Hr/WK 1.00	0	0	0
Lonnie Mahrt				
Board Member	Hr/WK 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a |	37b	
b Did the organization file Form 1120-POL for this year?	38a	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed. ► _____		
42 a The organization's books are in care of ► Mardy Gardner	Telephone no. ► 402-721-4988	
Located at ► 980 County RD W Lot S-69 City Fremont ST NE ZIP + 4 ► 68025		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43 |		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X
48		X
49a		X
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
f Total number of other employees paid over \$100,000				

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
d Total number of other independent contractors each receiving over \$100,000		

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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

Sign Here	<i>Marilyn Gardner</i>		<i>Feb 13, 2017</i>
	Signature of officer		Date
	<i>MARY GARDNER, TREASURER</i>		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ►		Check <input type="checkbox"/> if self-employed
	Firm's address ►		Firm's EIN ►
		Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

Name of the organization

Employer identification number

47-0628716

Lions Intl Woodcliff Lions Club

► Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Lions Intl Woodcliff Lions Club 47-0628716

Part I **Fundraising Activities.** Complete if the organization ans Form 990-EZ filers are not required to complete this part.

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

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

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
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 No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)		(II) Activity		(III) Did fundraiser have custody or control of contributions?	(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
				Yes	No		
1						0	0
2						0	0
3						0	0
4						0	0
5						0	0
6						0	0
7						0	0
8						0	0
9						0	0
10						0	0
Total						0	0

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

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

		(a) Event #1 Fireworks (event type)	(b) Event #2 Pancake Feeds (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	27,176	6,665	0	33,841
	2 Less. Contributions	27,176	6,665	0	33,841
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	116	47	0	163
	8 Entertainment	0	0	0	0
	9 Other direct expenses	24,702	97	0	24,799
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► (	24,962)
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .			► (	-24,962)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	0	0	17,175	17,175
	2 Cash prizes	0	0	7,875	7,875
	3 Noncash prizes	0	0	250	250
Direct Expenses	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	2,030	2,030
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			► (	10,155)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .			► (	7,020)

9 Enter the state(s) in which the organization conducts gaming activities: NE

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: Organization was not aware of licensing requirements but will remedy in the future.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	%
13b	100.00%

Name ► Mardy Gardner

Address ► 980 County RD W, Lot S-69 Fremont, NE 68025

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 7,020

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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Name of the organization

Lions Intl Woodcliff Lions Club

Employer Identification number

47-0628716

Form 990-EZ, Part I, Line 8, Other Revenue, Cards and Pins: 671

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Charitable Contributions, Grantee:

Various, Cash Grant: 13,540, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 1,558

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 13,137

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 389

Form 990-EZ, Part I, Line 16, Other Expenses: Flowers: 597

Form 990-EZ, Part I, Line 16, Other Expenses: National Membership Dues: 5,483

Form 990-EZ, Part I, Line 16, Other Expenses: Other Expenses: 1,150

Form 990-EZ, Part I, Line 20, Net Assets: Other Change in Net Assets: -1,972

Name of the organization

Lions Intl Woodcliff Lions Club

Employer identification number

47-0628716