990-EZ

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)

2020

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

, 2021 A For the 2020 calendar year, or tax year beginning JULY 2020, and ending JUNE 30 C Name of organization ? D Employer identification number ? B Check if applicable NOREOLK LIONS CLUB 47 - 60 390 58 Address change Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 402-750-7489 Initial return PO BOX 392 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption ·NORFOLK, NE 68702 Number ▶ ? Application pending ☐ Cash ☐ Accrual Other (specify) ▶ H Check ► X if the organization is not G Accounting Method WWW. MORFOUXLIONSCLUB. COM required to attach Schedule B - - ? (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ☐ 501(c)(3) 🔀 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or **□**527 K Form of organization: Corporation ☐ Trust Other ☐ Association 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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. Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts ? 3 3 ? 4 4 5a Gross amount from sale of assets other than inventory . 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . C Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ 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 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . 7c Other revenue (describe in Schedule O) 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 72,915 10 Grants and similar amounts paid (list in Schedule O) 10 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 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 2 16 16 17 Total expenses. Add lines 10 through 16 . . 17 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2020)

Part			•	e instructions f	•				
	Checl	c if the c	organization	used Schedule	O to respond to a	ny question in this		• •	<u> 0</u>
						_	(A) Beginning of year		(B) End of year
22		-	investments				36,695	22	34,094
23	Land and b	-						23	
24	Other asset	s (descr	ibe in Schedi	ule O)					
25	Total asset	S					74,916	25	34,094
26	Total liabili	ti es (de:	scribe in Sch	edule O)		[74,916	26	
27	Net assets	or fund	balances (li	ne 27 of column	(B) must agree with	h line 21)	' '.	27	34,694
art	III State	ment o	f Program S	ervice Accom	plishments (see th	ne instructions for F	art III)		
	Checl	c if the c	organization	used Schedule	O to respond to a	ny question in this l	Part III 🔲		Expenses
hat	s the organiz	ation's	primary exen	npt purpose?	CIVIC SOCIF	AL SECUICE	is		
escri	be the orga	nization'	s program se	ervice accompli	shments for each o	of its three largest pre-	rogram services,	orgar	nizations, optional for
					ach program title.	•			
	HS SCH	SAARS	H.95 VET	T DRAWIT GIFG (AN BIG BAN	ICEE RELAY TOE	ent to no Te	ASSES, 46		2800
	Grants \$				includes foreign gra	ants, check here .	▶ □	28a	
29 ^र	PHOAKE	FE	D FOR	CHARITY	でるりるま	ED WITH CO	OD NEIGHBAR		
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	Grants \$	X	····			ants, check here .	• 🗖	29a	•
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7	N OICI	TH TO	AUE GO	F TOURN	Due To C	100-19			7500
		4.							ZERO
ō	Grants \$			If this amount	includes foreign gra	ants, check here .	▶ □	30a	
		n servic		in Schedule O)	morados foreign gre	arito, oricon riero .	· · · · · ·		
	Grants \$	17 301 710	•	•	includes foreign ara	ants, check here		312	
		m servi	ce expenses	ladd lines 28a	through 31a)				21 501
art									
						ny question in this		istruc.	
			<u> </u>			(c) Reportable ?	(d) Health benefits,	÷	• • • • •
	?	(a) Nan	ne and title		(b) Average hours per week	compensation	contributions to employe		
		,_,			devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ner compensation
161	4 KOLIEF	MAN	54955	856th 20	PRESIDENT	S-REE			
, 'S	2005/9 2005/9		68767	110 AU	11/2 HRS	DUES	Novie		HONE
10				AVEI DED				+	
١٣	K GRIFF	7 I H	1,000	30x ELDER	Dane (Hea	FREE DUES	NONE		HONE
70	NOKE	~ 17C	68701	Dimage (1.17	3 HRS	2000		22 34,1094 23 24 6 25 34,094 Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) DITH 46 28 280 DITH 46 29a 28a 6HB08 565, 21,709 DITH 46 28a 6HB08 CS 280 DITH 46 46 86 CS 280 DITH 46 86 DITH 46	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for hart v.) check if the organization asset some and to respond to any question in this	, , <u>a</u>	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
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
b 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 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37b		<u>X</u>
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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	40b		 X
С	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		<u>X</u>
41	List the states with which a copy of this return is filed ▶			
42a b	The organization's books are in care of ► CARH LIGHTSON Located at ► 902 E. SYCA MORE AVE NORTH, BE At any time during the calendar year, did the organization have an interest in or a signature or other authority over		0-7* 0 Yes	
	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 ▶	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			٠
С	At any time during the calendar year, did the organization maintain an office outside the United States? . 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 and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	► [
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		No.
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 X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		Ŷ —
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Form 990-EZ. See instructions	45b	J	Ţ

						_		Yes	NO
46 °		ne organization engage, directly or in ndidates for public office? If "Yes," c					,		
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations	Only		· · · · · · · · · · · · · · · · · · ·	<u> </u>		or line	es
		50 and 51.		4 4 4	Albin Dank VII				
		Check if the organization used Sch	neaule O to respond	to any question in	this Part VI		· . · · ·	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) electi		during the	tax 47	163	<u>х</u>
48	•	organization a school as described in		н)? If "Yes," complete	Schedule E		. 48		X
49a		he organization make any transfers to an exempt non-charitable related organization?					. 49a		X.
b		s," was the related organization a se					. 49b		
50		plete this table for the organization's oyees) who each received more than							
-	(a)	Name and trile of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and deferre compensation				
		ONE					<u> </u>		
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51	\$100	plete this table for the organization',000 of compensation from the organ Name and business address of each independ		(c) Compensation					
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			· ————————————————————————————————————	1					
d 52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	le A? Note: All se			nust attach	n a ▶ 🗌 Yes		
		of perjury, I declare that I have examined this r d complete Deplaration of preparer (other, than	etum, including accompar	nying schedules and staten	nents, and to the		owledge and	belief,	ıt ıs
ign lere		Signature of office GARY L JOHNS	J	ASURER	Da	10/-	1/21		
aid	1_	Print/Type preparer's name	Preparer's signature	C	Pate	Check	If PTIN		
	arer	Firm's name ▶				self-emplo m's EIN ▶	yea		
ise (Only	Firm's address >				one no.			
lay th	ne IRS	discuss this return with the preparer	shown above? See	instructions	4 - 7.0		▶ □ Ves		