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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** July 1, 2009, and ending June 30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>Wichita Falls Founder Lions Club 896</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO Box 2047</b> City or town, state or country, and ZIP + 4 <b>Wichita Falls, TX 76307</b>	<b>D Employer identification number</b> <b>75-6030917</b>  <b>E Telephone number</b> <b>940-867-3790</b>  <b>F Group Exemption Number</b> ▶ <b>0239</b>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

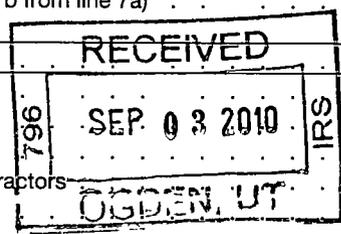
**J Tax-exempt status** (check only one) —  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b> Membership dues and assessments	<b>3</b>	18483
	<b>4</b> Investment income	<b>4</b>	2879
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1)	<b>6a</b>	237913
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	185454
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	52459	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶)	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	73821	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	58959
	<b>11</b> Benefits paid to or for members	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	0
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	0
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	216
	<b>16</b> Other expenses (describe ▶ Meals; Dues to Lions Dist, State, Intl; Supplies 20048)	<b>16</b>	20048
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	79223
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	(5402)
	<b>19</b> 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)	<b>19</b>	143728
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	7879
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	146205



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	143728	<b>22</b> 146205
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe ▶)	0	<b>24</b> 0
<b>25 Total assets</b>	143728	<b>25</b> 146205
<b>26 Total liabilities</b> (describe ▶)	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	143728	<b>27</b> 146205

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>To provide funds for social services to needy persons</b>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	<b>To provide funds to support non-profit organizations serving needy or disabled youth and adults</b> Boys and Girls Clubs-1600 youth (\$3500), Camp Fire-1300 youth (\$3500), Boy Scouts-3000 youth (\$3000), Wichita Falls Food Bank - 15000 adults and youth (\$2500) Other organizations-4000 youth and adults (Grants \$ <b>41903</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>41903</b>
<b>29</b>	<b>To provide eyeglasses to needy adults and children</b> Adults-26 Children-124 (Grants \$ <b>6656</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>6656</b>
<b>30</b>	<b>To provide scholarships for needy students</b> Student direct grants - seven (\$6500) Increase to Riddle Scholarship Endowment and Scholarship Operating Account - \$7000 (Grants \$ <b>13500</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>13500</b>
<b>31</b>	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	-
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>62059</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ladonna Mincey PO Box 2047, Wichita Falls, TX 76307	President-2 hrs	0	0	0
Derek Dansby PO Box 2047, Wichita Falls, TX 76307	Vice President - 1 hr	0	0	0
Jerry Elam PO Box 2047, Wichita Falls, TX 76307	Secretary - 4 hr	0	0	0
Larry Miller PO Box 2047, Wichita Falls, TX 76307	Treasurer - 4 hr	0	0	0
Ayres Cermin PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Benny Daniel PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Rodney Foyce PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Dan Gray PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
C.C. Hayley PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Bob Hegglund PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Frank Rubane PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Norman York PO Box 2047, Wichita Falls, TX 76307	Director - 1 hr	0	0	0
Camron Ward PO Box 2047, Wichita Falls, TX 76307	Immediate Past Pres-1 hr	0	0	0
Jack Lavy PO Box 2047, Wichita Falls, TX 76307	Tailtwister - 1 hr	0	0	0
Janis Linville PO Box 2047, Wichita Falls, TX 76307	Tailtwister - 1 hr	0	0	0
John Van Dunk PO Box 2047, Wichita Falls, TX 76307	Lion Tamer - 1 hr	0	0	0
Ben Hicks PO Box 2047, Wichita Falls, TX 76307	Lion Tamer - 1 hr	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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 period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	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 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>None</b> _____		
<b>42a</b>	The organization's books are in care of ▶ <b>Larry G. Miller</b> Telephone no. ▶ <b>940-867-3790</b> Located at ▶ <b>4818 Shenandoah Dr, Wichita Falls, TX</b> ZIP + 4 ▶ <b>76310-2450</b>		
<b>b</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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		<input type="checkbox"/>
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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**

▶ *Larry G. Miller* 8-31-2010  
Signature of officer Date

▶ Larry G. Miller, Treasurer  
Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no ▶ \_\_\_\_\_

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Fair</b> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts	<b>\$237,913</b>			
	<b>2</b> Less Charitable contributions	<b>0</b>			
	<b>3</b> Gross income (line 1 minus line 2)	<b>\$237,913</b>			
Direct Expenses	<b>4</b> Cash prizes	<b>0</b>			
	<b>5</b> Noncash prizes	<b>0</b>			
	<b>6</b> Rent/facility costs	<b>\$16250</b>			
	<b>7</b> Food and beverages	<b>\$2930</b>			
	<b>8</b> Entertainment	<b>\$99699</b>			
	<b>9</b> Other direct expenses	<b>\$66575</b>			
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>( \$185454 )</b>
<b>11</b> Net income summary. Combine line 3, column (d), and line 10				<b>\$52459</b>	

**Part III Gaming.** Complete if the organization answered "Yes" to 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	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities. _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? _____	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? _____	<b>11</b>	
<b>12</b> 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? _____	<b>12</b>	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ .....		
	Address ▶ .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ .....		
	Address ▶ .....		
<b>16</b>	Gaming manager information.		
	Name ▶ .....		
	Gaming manager compensation ▶ \$ .....		
	Description of services provided ▶ .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions.		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</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 ▶ \$ .....		

## Schedule for Grants and Allocations –Line 10

Lions Camp	\$660.00
Lions International Charities	\$2306.00
State Hospital Ward Parties	\$2470.62
Boys and Girls Club	\$3500.00
Camp Fire Boys and Girls	\$3500.00
WF Area Miracle League	\$3000.00
Habitat for Humanity	\$3500.00
366 Student Squadron Social Fund	\$2000.00
Midwestern State University	\$500.00
MSU Lions Club	\$1141.74
Boy Scouts Council 587	\$3000.00
Food Bank	\$2500.00
Police Youth Drug (DARE)	\$1200.00
Children's Aid Society	\$1000.00
Save McGruff Project	\$1000.00
Wichita Co Teen Court	\$1000.00
Riddle Scholarship Endowment	\$4000.00
Scholarships (7 Non-Relative)	\$9775.00
Glasses (26 adult/124 children Non Relative)	\$6655.97
Leadership Wichita Falls School Bldg Project	\$3000.00
Child Care, Inc	\$1000.00
D. Kirkland Scholarship (MSU)	\$750.00
Big Brothers and Sisters	\$500.00
Southside Youth Senter	\$1000.00
<b>Total:</b>	<b>\$58959.33</b>

## **Explanation – Line 20**

**Line 20 displays the difference between actual combined funds balance at the end of the taxable year and the funds balance at the beginning of the taxable year less the deficit that resulted from the year's income and expenses. This difference represents a distribution from this year's income to an "untouchable" scholarship endowment fund and an increase in the Founder Lions Scholarship Operating Account. The scholarship distribution was made to strengthen the endowment fund, from which the interest fully funds six or seven annual scholarships to needy youth. The increase in the Scholarship Operating Account was necessary due to the reduced income from interest on the endowment fund and other club accounts.**