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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011**

**B Check if applicable**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C Name of organization</b>	LIONS INTERNATIONAL STEPHENVILLE		<b>D Employer identification number</b>
Number and street (or P O box, if mail is not delivered to street address)		Room/suite	75-6050652
PO BOX 410			<b>E Telephone number</b>
			(254) 965-7321
<b>F Group Exemption Number</b>		► 0239	
City or town, state or country, and ZIP + 4		STEPHENVILLE, TX 76401	

**G Accounting method**  Cash  Accrual Other (specify) ► \_\_\_\_\_**I Website:** ► N/A**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.****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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 65,752**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 

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b> 30,717
	<b>4</b> Investment income . . . . .	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>
	<b>6</b> Gaming and fundraising events	
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>
Expenses	<b>b</b> Gross income from fundraising events (not including \$ 35,035 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	<b>6d</b> 16,704
	<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b> 18,331
	<b>d</b> Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>
	<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>
	<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b> 47,421
Net Assets	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b> 15,757
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b> 27,001
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>
Net Assets	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b> 42,758
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b> 4,663
	<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> 22,734
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b> 27,397

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
<b>22 Cash, savings, and investments</b>	15,477	<b>22</b>	20,140
<b>23 Land and buildings</b>		<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>	7,257	<b>24</b>	7,257
<b>25 Total assets</b>	22,734	<b>25</b>	27,397
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	22,734	<b>27</b>	27,397

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

CIVIC AND SOCIAL SERVICE

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28 PROVIDE EYGLASSES TO CHILDREN AND ADULTS WHO ARE UNABLE TO AFFORD EYE CARE AND MISCELLANEOUS COMMUNITY PROJECTS, CHILDREN TEAM SPORTS, SCOUTS, CHILDREN WITH DISABILITIES CAMPS, EYE BANKS AND STUDENT CONTESTS**

(Grants \$ 15,757)

If this amount includes foreign grants, check here 

28a 42,758

**29**

(Grants \$ )

If this amount includes foreign grants, check here 

29a

**30**

(Grants \$ )

If this amount includes foreign grants, check here 

30a

**31 Other program services (describe in Schedule O)**

(Grants \$ )

If this amount includes foreign grants, check here 

31a

**32 Total program service expenses** (add lines 28a through 31a)

32 42,758

**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 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

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

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

**33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**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)

**35** 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, explain in Schedule O why the organization did not report the income on Form 990-T

**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)

**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

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

**b** Did the organization file **Form 1120-POL** for this year?

**38a** 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?

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

**39** *Section 501(c)(7) organizations.* Enter

**a** Initiation fees and capital contributions included on line 9

**b** Gross receipts, included on line 9, for public use of club facilities

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

**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 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) 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 ► \_\_\_\_\_

**d** *Section 501(c)(3) and 501(c)(4) 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

	Yes	No
<b>33</b>		No
<b>34</b>		No

<b>35a</b>	No
<b>35b</b>	

<b>36</b>	No
<b>37b</b>	No

<b>38a</b>	No
<b>38b</b>	

<b>39a</b>	
<b>39b</b>	

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

**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 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

<b>40b</b>	No
<b>40c</b>	No

**41** List the states with which a copy of this return is filed ► \_\_\_\_\_

**42a** The organization's books are in care of ► **GARY D SULT** Telephone no ► **(254) 965-7321**

3020 NW LOOP

Located at ► **STEPHENVILLE, TX**

ZIP + 4 ► **76401**

**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 **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**c** 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 ► \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
<b>42b</b>		No

<b>42c</b>	No
<b>44a</b>	

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**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*

**c** Did the organization receive any payments for indoor tanning services during the year?

**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

	Yes	No
<b>44a</b>		No
<b>44b</b>		No
<b>44c</b>		No
<b>44d</b>		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	45	No
45a 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 must be completed instead of Form 990-EZ	45a	No
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	46	No

**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 47-49b and 52.

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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school 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

50(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

51(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 and 4947(a)(1) nonexempt charitable trusts 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.

<b>Sign Here</b>	***** Signature of officer GARY D SULT DIRECTOR Type or print name and title	2012-05-14 Date	
	Preparer's signature GARY D SULT CPA	Date 2012-05-14	
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 BOUCHER MORGAN & YOUNG PC CPA P O BOX 203 STEPHENVILLE, TX 76401	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> (254) 965-7321	

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

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

LIONS INTERNATIONAL STEPHENVILLE

**Employer identification number**

75-6050652

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990-EZ, PART I, LINE 10	13,245 0 0

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PHOTO SCREENING CAMERA 5,007 5,007 EMERG COMM EQUIPMENT 2,000 2,000 POWER CHAIR 250 250 TOTAL 7,257 7,257

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	PROVIDE EY GLASSES TO CHILDREN AND ADULTS WHO ARE UNABLE TO AFFORD EYE CARE AND MISCELLANEOUS COMMUNITY PROJECTS, CHILDREN TEAM SPORTS, SCOUTS, CHILDREN WITH DISABILITIES CAMPS, EYE BANKS AND STUDENT CONTESTS

## TY 2010 Compensation Explanation

**Name:** LIONS INTERNATIONAL STEPHENVILLE**EIN:** 75-6050652

Person Name	Explanation
KIM REED	
JUDY E CADLE	
GEORGE MCCLAIN	
BILL ALLEN	
CHARLIE DAWKINS	
LANCE BAGBY	
GARY SULT	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 75-6050652  
**Name:** LIONS INTERNATIONAL STEPHENVILLE

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
KIM REED PO BOX 410 STEPHENVILLE, TX 76401	PRESIDENT 8 00	0		
JUDYE CADLE PO BOX 410 STEPHENVILLE, TX 76401	TREASURER 4 00	0		
GEORGE MCCLAIN PO BOX 410 STEPHENVILLE, TX 76401	SECRETARY 4 00	0		
BILL ALLEN PO BOX 410 STEPHENVILLE, TX 76401	1ST VP 2 00	0		
CHARLIE DAWKINS PO BOX 410 STEPHENVILLE, TX 76401	2ND VP 2 00	0		
LANCE BAGBY PO BOX 410 STEPHENVILLE, TX 76401	3RD VP 2 00	0		
GARY SULT PO BOX 410 STEPHENVILLE, TX 76401	DIRECTOR 0 25	0		