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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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, 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.

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
INTERNATIONAL ASSOCIATION OF LIONS CLUBS Wichita Falls Founder 896
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 2047
 City or town, state or country, and ZIP + 4
Wichita Falls, TX 76307-2047

D Employer identification number
75-6030917

E Telephone number
940-867-3790

F Group Exemption Number ▶ **0239**

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ _____

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	1 Contributions, gifts, grants, and similar amounts received	1		0
	2 Program service revenue including government fees and contracts	2		0
	3 Membership dues and assessments	3		18695
	4 Investment income	4		3560
	5a Gross amount from sale of assets other than inventory	5a	0	
	b Less: cost or other basis and sales expenses	5b	0	
	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	0	
	b Gross income from fundraising events (not including \$ <u>0</u> 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	105367	
c Less: direct expenses from gaming and fundraising events	6c	82917		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		22450	
7a Gross sales of inventory, less returns and allowances	7a	0		
b Less: cost of goods sold	7b	0		
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		0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9		44705	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		25451
	11 Benefits paid to or for members	11		0
	12 Salaries, other compensation, and employee benefits	12		0
	13 Professional fees and other payments to independent contractors	13		0
	14 Occupancy, rent, utilities, and maintenance	14		0
	15 Printing, publications, postage, and shipping	15		137
	16 Other expenses (describe in Schedule O)	16		18205
17 Total expenses. Add lines 10 through 16 ▶	17		43793	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		912
	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		149980
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		7633
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21		157613

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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	149980	22 157613
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	149980	25 157613
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149980	27 157613

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

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

What is the organization's primary exempt purpose? To provide funds for social services for needy 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.

28 <u>To provide funds to support non-profit organizations serving needy or disabled youth or adults; Boys and Girl Club, 1600 youth - \$1500, Camp Fire, 1300 youth - \$1500, Senior Citizens, 5000 adults-\$500; other organizations- 5000 youth and adults - \$10000</u> (Grants \$ <u>17545</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	17545
29 <u>To provide eyeglasses and exams to needy children and adults; Provided services to 85 children and 14 adults</u> (Grants \$ <u>4905</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4905
30 <u>To provide scholarships for needy youth; Provided six scholarships of \$500, renewable for seven additional semesters at \$500 each semester</u> (Grants \$ <u>3000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3000
31 Other program services (describe in Schedule O) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	25450

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 address	(b) Title and 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
Ayres Cermin PO Box 2047, Wichita Falls, TX 76307-2047	President, 2	0	0	0
Joe Cullen PO Box 2047, Wichita Falls, TX 76307-2047	1st Vice Pres, 1	0	0	0
Jack Lavy PO Box 2047, Wichita Falls, TX 76307-2047	Secretary, 4	0	0	0
Larry Miller PO Box 2047, Wichita Falls, TX 76307-2047	Treasurer	0	0	0
Dub Brackeen PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Dan Gray PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Nathan McDonald PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Mike Mitchell PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Randy Cooper PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Benny Daniel PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Ladonna Cullen PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	0	0	0
Camron Ward PO Box 2047, Wichita Falls, TX 76307-2047	Director, 1	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		✓
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)		✓
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)?		✓
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		
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		✓
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 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
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.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>Larry G Miller</u> Telephone no ▶ <u>940-867-3790</u> Located at ▶ <u>PO Box 2047, Wichita Falls, TX</u> ZIP + 4 ▶ <u>76307-2047</u>		
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.	42b	✓
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	✓
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		
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	✓
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	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b	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	✓

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**

Yes	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, 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 **47**

Yes	No

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

Yes	No

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

Yes	No

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

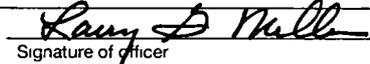
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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.

Sign Here

 Signature of officer	Date Oct 16, 2012
Larry G. Miller, Treasurer Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

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 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	(b) Event #2	(c) Other events	(d) Total events
		Fair (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	105367			105367
	2 Less: Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	105367			105367
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0			0
	8 Entertainment	0			0
	9 Other direct expenses	82917			82917
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(82917)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				22450	

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL ASSOCIATION OF LIONS CLUBS Wichita Falls Founder 896

Employer identification number

75-6030917

Form 990-EZ, Part 1, Line 10 - Lions Camp-\$520, Lions International Charities-\$350, State Hospital Ward Parties-\$1950,Boys and Girls Clubs
\$1500, Camp Fire Boys and Girls-\$1500, Senior Citizens-\$500, Habitat for Humanity-\$450, Youth Symphony-\$500, Food Bank-\$500, Project
Back to School-\$500, National Drug and Safety League-\$250, School District Foundation-\$250, McGruff Crime Dog-\$250, Christmas in Action
-\$250, MSU Student Lions-\$850, MSU Christmas Display-\$500, Interfaith Ministries - \$250, Big Brothers and Sisters-\$250, Air Force Adopted
Student Squadron - \$1450, Boy Scouts-\$450, Eyeglasses and Exams-\$4905, Scholarships to six needy students (non-relative)- \$3000

Form 990EZ, Part 1, Line 16 - Weekly meals for members-\$12758, Dues to Lions District/State/Intl- \$4047,Supplies-\$136, Convention
Expenses - \$565, Misc-\$181

Form 990EZ, Part 1, 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. This difference represents an increase in carryover administrative funds due to reduced
administrative expenses and a contribution of \$4000 to the Scholarship Fund This contribution was necessary in order to ensure funding
of renewal scholarships for qualifying semesters after the grant of the initial scholarship. Each \$500 scholarship given this FY is
potentially funded for eight semesters for a total of \$4000 each over the course of the students scholastic undergraduate career.