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Form **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 black lung benefit trust or private foundation)

OMB No 1545-1150

▶ 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

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Department of the Treasury Internal Revenue Service

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

B Check if applicable C Name of organization D Employer Identifi Address change Midland West Side Lions Club 75-60			
Address change Midland West Side Lions Club 75-60	50637		
75-50-	75-6050637		
Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number	er		
Initial return P.O. Box 5536 432-61	8-0108		
Terminated City or town, state or country, and ZIP + 4 F Group Exemption	on .		
☐ Application pending Midland, Texas 79704 Number ▶	0239		
G Accounting Method	organization is not		
I Website: ▶ required to attach \$			
J Tax-exempt status (check only one) — ☐ 501(c)(3)			
K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross rec	eints 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 i			
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	180,201.11		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for			
Check if the organization used Schedule O to respond to any question in this Part I			
1 Contributions, gifts, grants, and similar amounts received	176,524.00		
2 Program service revenue including government fees and contracts	,		
3 Membership dues and assessments	120		
4 Investment income			
5a Gross amount from sale of assets other than inventory 5a			
b Less: cost or other basis and sales expenses			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c			
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than			
9 \$15,000)			
b Gross income from fundraising events (net including \$ \$176,524 of contributions			
\$15,000)			
sum of such gross income and contributions exceeds \$15,000) 6b 3557.11			
c Less: direct expenses from @aminip and // Օրը raising events 6c 2271.44			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
line 6c)	1285.67		
7a Gross sales of inventory, less entires and allowances	1203.07		
b Less: cost of goods sold			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe in Schedule O)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	177,929.67		
(10 Grants and similar amounts paid (list in Schodulo 0)	73,581.82		
11 Benefits paid to or for members	73,361.62		
12 Salaries, other compensation, and employee benefits			
13 Professional fees and other payments to independent contractors	117 704 04		
14 Occupancy, rent, utilities, and maintenance	117,704.04		
14 Occupancy, rent, utilities, and maintenance	6,535.68		
Salaries, other compensation, and employee benefits	474.66		
16 Other expenses (describe in Schedule O)	1,758.25		
	200,742.45		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	(22843.77)		
and of your figure reported on amount of an amount of	****		
20 Other changes in net assets or fund balances (explain in Schedule O)	9781.21		
Other changes in net assets or fund balances (explain in Schedule O)	/42222 ==:		
The state of the s	(13062.56) rm 990-EZ (2011)		

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	790-EZ (2011) **TII Balance Sheets. (see the instructions)	for Part II)				Page 2
Га	Check if the organization used Schedule		v auestion in this l	Part II		\square
	Chook if the organization accar contours	o to respond to di		(A) Beginning of year	• •	(B) End of year
22	Cash, savings, and investments			9781.21	22	7330.33
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[9781.21	25	7330.33
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column			9781.21	27	7330.33
Par	Statement of Program Service Accom	•		,		Expenses
	Check if the organization used Schedule			Part III L		quired for section
//ha	t is the organization's primary exempt purpose?	Civic/Social Service	<u> </u>			(c)(3) and 501(c)(4) anizations and section
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise means benefited, and other relevant information for each	anner, describe the ach program title.	services provided		494	7(a)(1) trusts; optional others.)
28	Septemberfest Food Booth raised \$827.29, funds we	re used for food boxe	es			
	(Granta \$ 927.29.) If this amount	includes forcion are	nto obook horo		20.	827.29
29	(Grants \$ 827.29) If this amount Gem and Mineral Show Food Booth raised \$458.38, f			· · ·	28a	627.29
23						
	(Grants \$ 458.38) If this amount	includes foreign ara	nte chock here	► □	298	458.38
30					250	430.30
•						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	30	a
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31	a
	Total program service expenses (add lines 28a	through 31a)		▶	32	1285.67
Par	t IV List of Officers, Directors, Trustees, and Key				nstrı	uctions for Part IV.)
	Check if the organization used Schedule	O to respond to a				<u> </u>
	(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 employ benefit plans, and deferred compensation) Estimated amount of other compensation
Eli C	Sonzales	President 10+				
4009	-B W. Illinois, Midland, TX 79703	Trosidoni io	-0-		0-	- 0-
Kath	y McConnell	Treasurer 15+				
307	Thomas Street, Midland, TX 79703		-0-		0-	0-
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	-3
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			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		1
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 _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)?	34		√
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	35a 35b		√
	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		∨
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
	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	Gross receipts, included on line 9, for public use of club facilities			
	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			
С	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
J	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			
е	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		✓
41	List the states with which a copy of this return is filed. ▶			
42a		132-52		1
h	Located at ► 307 Thomas, Midland, TX 79703 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	797		
b	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	Yes	No ✓
	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 the U.S.?	42c		√
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		.	
AA =	Did the ergenization mointain any dense advant fords to be U		Yes	No
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		1
	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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
45a		44d		✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)	45a		√

Preparer's signature

Here

Paid

Preparer

Use Only

Kathy H. McConnell

Print/Type preparer's name

Firm's name

Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

15 November 2012

Check I if self-employed

Firm's EIN ▶

Phone no

Date

SCHEDULE O (Form 990 or 990-EZ)

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.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Midland West Side Lions Club

Employer identification number 75-6050637

Activity	Grantee Name Grantee Address	Amount	Relationship
	Christmas in Action 500 S Lee St., Midland, TX	\$1000	None
	Community & Senior Srvcs 3301 Sinclair Ave, Midland TX	\$1000	None
Food Baskets	144 families in the Midland community	\$13,877.95	None
	Habitat for Humanity 305 E Texas St, Midland, TX	\$500	None
	Leader Dog for the Blind 1039 S Rochester Rd, Rochester, MI	\$510	None
	Acuna Eye Clinic 6404 Spyglass Dr, San Angelo, TX	\$255	None
	Texas Lions Eyeglass Recycling Ctr 2550 Flynt, Midland, TX	\$510	None
	Lions West Texas Eye Bank 2030 Pullman St, S4, San Anglo, TX	\$1,275	None
	Lions World Service for the Blind 2811 Fair Park Blvd, Little Rock, A	R \$255	None
	Northside Lions Club PO Box 4122, Midland, TX	\$350	None
	Downtown Lions Foundation 200 Plaza St, Midland, TX	\$120	None
	LPCCI 2965 Dutton, Santa Rosa, CA	\$300	None
	Sponsor Boy Scout #19 307 Thomas, TX	\$4023.07	None
	Sponsor Cub Scout #67 4723 W. Storey, Midland, TX	\$3161.05	None
	Sponsor Crew #19 10309 WCR 52 #A, Midland, TX	\$3,600	None
	Special Olympics 401 W. Texas, Midland, TX	\$2,500	None
School supplies 1000+ children	Back to School Bash	\$15681.07	None
	Texas Lions Camp PO Box 290247, Kerrville, TX	\$8550	None
·	Crestview Cares 301 N Loop 250 West, Midland, TX	\$4000	None
Llons District Youth Contest	732 Harvard Ave, San Angelo, TX	\$100	None
	Boy Scouts of America Buffalo Trail Council 1101 W Texas, Midla	and, TX \$2380	None
	Mıdland Committee Texas Lions Camp 2826 Cimmaron, Midland, 1	TX \$2000	None
	Texas Lions Foundation 520 West Lake Drive, Livingston, TX	\$510	None
	Lions Club Int'l Foundation 300 W 22nd St, Oak Brook, IL	\$510	Non

Name of the organization Midland West Side Lions Club			Employ	er identification number 75-6050637
middle wost olde Lights olds				
Activity	Grantee Name	Grantee Address	Amount	Relationship
Bingo at Retirement Center	Bingo at Manor Park	2208 N Loop 250, Midland, TX	\$268.89	None
	American Cancer Society	2304 W Wadley, Midland, TX	\$1250	None
Backpacks/Donation	Family Promise of Midlan	d 2908 W Ohio, Midland, TX	\$744.39	None
Help with Medical Bills			\$500	None
	Bataan Memorial Death N	larch	\$500	None
	Sponsor Foreign Exchar	nge Student	\$864	None
Part1, Line 16:				
Other Expenses	Amount			
State and District 2-A1 Dues	\$357.75	·		
Lions Club International Dues	\$844.00			
Texas Lions Camp Dues	\$556.50			
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