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# 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)

OMB No. 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning <b>7/01</b> , 2013, and ending <b>6/30</b> , 2014																																																											
<b>B</b> Check if applicable <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td><input type="checkbox"/></td><td>Address change</td></tr> <tr><td><input type="checkbox"/></td><td>Name change</td></tr> <tr><td><input type="checkbox"/></td><td>Initial return</td></tr> <tr><td><input type="checkbox"/></td><td>Terminated</td></tr> <tr><td><input type="checkbox"/></td><td>Amended return</td></tr> <tr><td><input type="checkbox"/></td><td>Application pending</td></tr> </table> <b>C</b> SAN ANGELO DOWNTOWN LIONS CLUB PO BOX 1401 SAN ANGELO, TX 76902-1401		<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																																														
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<b>F</b> Group Exemption Number <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td></tr> <tr><td><input type="checkbox"/></td><td>7</td></tr> <tr><td><input type="checkbox"/></td><td>8</td></tr> <tr><td><input type="checkbox"/></td><td>9</td></tr> <tr><td><input type="checkbox"/></td><td>10</td></tr> <tr><td><input type="checkbox"/></td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td>13</td></tr> <tr><td><input type="checkbox"/></td><td>14</td></tr> <tr><td><input type="checkbox"/></td><td>15</td></tr> <tr><td><input type="checkbox"/></td><td>16</td></tr> <tr><td><input type="checkbox"/></td><td>17</td></tr> <tr><td><input type="checkbox"/></td><td>18</td></tr> <tr><td><input type="checkbox"/></td><td>19</td></tr> <tr><td><input type="checkbox"/></td><td>20</td></tr> <tr><td><input type="checkbox"/></td><td>21</td></tr> </table>		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19	<input type="checkbox"/>	20	<input type="checkbox"/>	21																
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<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																											
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																																																											
<b>L</b> 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>101,702.</b>																																																											
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																											
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

9-93

**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	30,164.22	40,820.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 <b>Total assets</b>	30,164.25	40,820.
26 <b>Total liabilities</b> (describe in Schedule O)	0.26	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	30,164.27	40,820.

**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 What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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

**Expenses**

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

28 <u>PROGRAM SERVICE EXPENSES INCLUDING CLUB NEWSLETTER, DIRECTORY, AWARDS, AND LIONS CAMP</u>		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 14,716.
29 <u>GRANTS TO CHARITIES AND INDIVIDUALS</u>		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 12,342.
30 <u>DISTRICT, STATE AND INTERNATIONAL DUES</u>		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a 6,185.
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32 33,243.</b>

**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 Title	(b) 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
DOUG PASCHAL PRESIDENT	1	0.	0.	0.
MERISSA SWINK SECRETARY	1	0.	0.	0.
KIMBERLY FLOYD TREASURER	3	0.	0.	0.
SCOTT PATTERSON VICE PRESIDENT	1	0.	0.	0.
PHIL RACE TRUSTEE	1	0.	0.	0.
CLAYTON KUHLMANN TRUSTEE	1	0.	0.	0.
BOB PORTER TRUSTEE	1	0.	0.	0.
DUANNE HAMBLIN TRUSTEE	1	0.	0.	0.
DAVID VESSELL TRUSTEE	1	0.	0.	0.
ALAN HENDERSON TRUSTEE	1	0.	0.	0.
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**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 

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	Yes	No
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	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
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	35c		X
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37b		X
b	Did the organization file Form 1120-POL for this year?	38a		X
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?	38b	N/A	
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A	
39	Section 501(c)(7) organizations Enter:	39b	N/A	
a	Initiation fees and capital contributions included on line 9	40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: N/A	
b	Gross receipts, included on line 9, for public use of club facilities	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A		
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	40b		X
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 ► 0.	40c		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.	40d		
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		X
41	List the states with which a copy of this return is filed ► <u>NONE</u>			

42a	The organization's books are in care of ► <u>KIMBERLY FLOYD</u> Located at ► <u>PO BOX 1401 SAN ANGELO TX</u>	Telephone no. ► (325) 942-6651 ZIP + 4 ► 76902-1401	Yes	No
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 ►	42b		X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c		X
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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A N/A	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		X
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
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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 of the organization within the meaning of section 512(b)(13)?	45a		X
b	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		X

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 ..

	Yes	No
46		X

**Part VI** | **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

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

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

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

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.'

	Yes	No
47		
48		
49 a		
49 b		

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 business address of each independent contractor	(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.

<b>Sign Here</b>	► Signature of officer  ► <u>JOE GUERRA</u> Type or print name and title	Date			
	<b>IMMEDIATE PAST PRES</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name  <u>DON MCKEE</u>	Preparer's signature  <u>Don Mckee</u>	Date  <u>1-26-17</u>	<input type="checkbox"/> if self-employed	PTIN  <u>P00091469</u>
	Firm's name ► <u>REED MCKEE &amp; CO., PC</u>			Firm's EIN ► <u>75-2611252</u>	
	Firm's address ► <u>3140 EXECUTIVE DR.</u> <u>SAN ANGELO, TX 76904</u>			Phone no <u>(325) 942-8984</u>	

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

►  Yes  No

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

## SAN ANGELO DOWNTOWN LIONS CLUB

**Employer identification number**

75-0540734

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Yes  No

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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.

REVENUE		(a) Event #1 FUNDRAISING EV (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
		74,886.			74,886.
1	Gross receipts	74,886.			74,886.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	74,886.			74,886.
4	Cash prizes	2,900.			2,900.
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	54,903.			54,903.
10	Direct expense summary Add lines 4 through 9 in column (d)				57,803.
11	Net income summary. Subtract line 10 from line 3, column (d)				17,083.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary Add lines 2 through 5 in column (d)				57,803.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				17,083.

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)**

## **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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## SAN ANGELO DOWNTOWN LIONS CLUB

Employer identification number  
75-0540734

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

SAN ANGELO DOWNTOWN LIONS CLUB IS A SERVICE ORGANIZATION THAT HELPS THE NEEDY,  
SERVES THE BLIND, AND PROVIDES SUPPORT TO VARIOUS ORGANIZATIONS