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=crm 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 private foundations)

OMB No 1545-115. 2013

Open to Public Inspection

▶ Do not enter Socia! Security numbers on this form as it may be made public.

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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Printing, publications, postage, and shipping 15 16 78,285 17 273,660 18 17 273,660 19 18 18 273,945	7	8	Other revenu	ue (describe in Sc	chedule O)		· .	•	- , -	8.			
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 97,801			9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								238,516		
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12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 97, 801		11	Benefits paid to or for members							11	, .,		
Professional fees and other payments to independent contractors 13 97,072 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 97,801	Ø	12	·								41,800		
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 78,283 17 273,660 18 273,660 19 1-32,945 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 97,801	ĕ	14								14			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 78,283 17 273,660 18 3-35,144 19 132,945 20 Other changes in net assets or fund balances (explain in Schedule O) 20 97,801	Ж	15	Printing, publications, postage, and shipping										
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 273,660 18 -35,144 19 1-32,945 20											78.283		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 97,801		1											
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21 Net assets or fund balances at end of year Combine lines 18 through 20	sts	1					t agree with						
21 Net assets or fund balances at end of year Combine lines 18 through 20	586									19	1-32.945		
21 Net assets or fund balances at end of year Combine lines 18 through 20	žt A	20	•	•	` '	Schedule O)							
	ž	l	•		` '	•			•	\rightarrow	97.801		
	For									1-21	Form 990-EZ (2013)		

Part II	Balance Sheets (see the instructions for F	•				
	Check if the organization used Schedule O t	<u>o respond to any</u>				
			(A) Be	ginning of year		(B) End of year
•	ngs, and investments			132,945	\vdash	97,801
23 Land and I	5		-	0	23	
	ets (describe in Schedule O)		-	122 045	24	07 001
25 Total asse			ļ -	132,945 0	-	97,80 1
	Inties (describe in Schedule O)			132,945	26 27	97,801
Part III	s or fund balances (line 27 of column (B) must agr Statement of Program Service Accom		as the instructions for		21	
T GOLD HO	Check if the organization used Schedule O t	•			/Ba	Expenses equired for section
What is the or	ganization's primary exempt purpose?	o respond to any	question in this rait	··· <u> </u>	1 `	(c)(3) and 501(c)(4)
·	b-Raise funds and disburse them to help		.=		l	anizations and section
	rganization's program service accomplishments for				-	7(a)(1) trusts, optional
	by expenses. In a clear and concise manner, describ		• • •			others)
	ited, and other relevant information for each program	·			'0'	others /
	Club-Raise funds and disburse them to		воля.			
220.10				٠		
			•		i i	
(Grants \$) If this amount includes	foreign grants, che	eck here	▶ □	28a	263,764
29	 	<u> </u>				
(Grants \$) If this amount includes	foreign grants, che	eck here	▶ 🗀	29a	
30						
						-
(Grants \$_) If this amount includes	foreign grants, che	eck here	▶	30a	-
31 Other prog	ram services (describe in Schedule O)					
(Grants \$) If this amount includes	foreign grants, che	eck here	>	31a	
	ram service expenses (add lines 28a through 31a			>	32	263,764
Part IV	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list eac	th one even if not compe on in this Part IV	nsated — see the	e instru	ctions for Part IV)
	Cited in the organization asea senegale of to resp	(b) Average	(c) Reportable	(d) Heath ben		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans,	and	(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compe	nsation	
Diane F		10.00				
Secreta	<u>ry</u>	10.00	8,018		0	<u> </u>
			 			
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DAA						Form 990-EZ :

Odessa Westside Lions Club 75-2243510

Pa	Int 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			П
	instructions for Part V) offeck if the organization used obliedure of 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	_ 33	-	X
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			x
	change on Schedule O (see instructions)	34		^
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		x
L	activities (such as those reported on lines 2, 6a, and 7a, among others)? 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		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
·	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	333		
-	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			
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			٠.
а	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 ▶			
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			ĺ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			37
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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,			,
a	4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
'1	reimbursed by the organization			
P	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 ▶ None			
42a	The organization's books are in care of ▶ Diane Furlow Telephone no ▶ 43	2-66	1-8	930
	9372 W. University Blvd			
	Located at ▶ Odessa TX ZIP + 4 ▶ 79	764		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.	42c	Ţ	x
· ·	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.	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ 「
40	and enter the amount of tax-exempt interest received or accrued during the tax year			٠
	and office the difficulty of the oxionist flooring of desired during the tax year		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		Z.
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
С	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 within the meaning of section 512(b)(13)?	45a		X
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			1
	Form 990-EZ (see instructions)	45b		X

Form	99D-F7	2 (2013)	Ode	ssa	Wests	<u>ide L</u>	ions	Club Club		75-22	43510				Page 4
46	Did ti	ne organi	zation eng	age, dı	rectly or ind	rectly, in po	olitical	campaign activitie	s on bel	half of or in oppo	sition			Yes	No
					If "Yes," cor								46	3	Х
Pa	rt VI	All s	ction 50° section 50° and 51.	1(c)(3 01(c)(3	b) organiz B) organiza	ations o tions mus	nly t answ	ver questions 47	7–49b a	ind 52, and cor	mplete the	tables for li	nes		
		Che	eck if the	organi	zation use	d Schedul	le O to	respond to any	questi	on in this Part	VI				<u> </u>
47					lobbying ac		ave a s	ection 501(h) elec	tion in e	ffect during the t	ax		47	Yes	No
48	•	•	•		· ·		የበ(b)(1)	(A)(u)? If "Yes " c	omplete	Schedule E			48		
49a		•						o)(1)(A)(II)? If "Yes," complete Schedule E n-charitable related organization?					49	a	
b		•		•	zation a sec	•		•					49	b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke							ees and key								
	empl	oyees) w	ho each re	ceived	more than	5100,000 o	f comp	ensation from the	organiza	ation If there is i	none, enter	"None"			
		(a)	Name and t	ıtle of e	ach employed)		(b) Average hours per week devoted to position) cc) Reportable ompensation W-2/1099-MISC)	contribution benefit	th benefits, as to employee plans, and compensation	(e) Estima	ated amo	
														·	
															
						 ,									
									<u> </u>						
									ļ <u>.</u>						
f	Total	number	of other en	nploye	es paid ove	\$100,000						_			
51								nsated independe		actors who each	received m	ore than			
	\$100				ddress of ea			one, enter "None		(b) Tyr	e of service		(c) Com	nensatio	
			- and bus	onicss a	duress or ear	л паерепас	2.11 00111			(5) 1)	01 001 1100		(0) 00		<u> </u>
	<u> </u>														
					-										
		• .													
	Total	number	of other inc	depend	ient contrac	tors each re	eceivin	g over \$100,000	<u> </u>	<u> </u>		L			
52	Did t	he organi	zation com	plete S		Note. All	section	501(c)(3) organiz	ations a	nd 4947(a)(1)			•	es 🗆	No
Unde	r penal	ties of per	ury, I declar	e that I	have examin	ed this returi	n, includ	ling accompanying a sed on all informat	schedules	s and statements, a	and to the be	est of my knowl	edge and b	elief, it 's	
	$\neg \neg$	_	Du	in	- Fw	low					11-	3-14			
Sign	1	Sig	gnature of office Diane		rlow					Secreta	ate TV				
Her	e	Tv	pe or print nai							Secreta	-1				
		, ' - '	e preparer's n				Pre	parer's signature			Date	7	P·	ΓIN	
Paid					_			tania 0	mo	•	,,,	Check self-e			00
	u parer	Garior Firm's na	Brunson		rion B	runsor		.C.	CPA		1 10/	30/14 Self-e	IF(8146	
	Only				1 JBS										
	,	1 1111 3 40	,,		essa, '			-1952				Phone no 4	32-33	5-59) 82
May	the IF	S discus	s this retur					ee instructions					•	Yes	No
												- 	Form S	90-EZ	(2013)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Total \$

78,286

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Odessa Westside Lions Club

Employer identification number 75-2243510

Form 990-EZ, Part I, Line 16 -	Other Expe	enses							
Description Amount									
Expenses									
Advertising and Promotion	\$	2,647							
Office and Supplies	\$	75,639							