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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department 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.

A For the 2013 calendar year, or tax year beginning **JULY 1**, 2013, and ending **JUNE 30**, 20 **14**

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 province, country, and ZIP or foreign postal code

WICHITA FALLS, TX 76307-2047

D Employer identification number

75-6030917

E Telephone number

940-692-5244

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

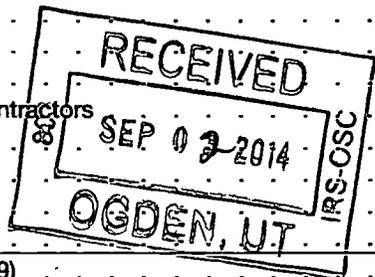
K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **144644**

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

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	17110
4	Investment income	4	3476
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 \$ 124058 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	124058
c	Less: direct expenses from gaming and fundraising events	6c	82708
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41350
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	61936
10	Grants and similar amounts paid (list in Schedule O)	10	38027
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	152
16	Other expenses (describe in Schedule O)	16	19230
17	Total expenses. Add lines 10 through 16 ▶	17	57409
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4527
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	163715
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	168242



20 8

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	163715	22 168242
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	163715	25 168242
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)	163715	27 168242

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? To provide funds for social services for needy persons

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

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 To provide funds to support non-profit organizations serving needy and disabled youth or adults: Boys and Girls Club(youth)-\$3500;Camp Fire(youth)-\$3,500;SAFB 368th Student Squadron(adults)-\$2000;MSU Lions Club (adults)-600;Boy Scouts(youth)-3000;Wichita Falls State Hospital-\$1056;Habitat Human.-\$3000;Others-11490 (Grants \$ 28146) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28146
29 To provide eyeglasses and eye exams for needy children and adults as referred to us by the Wichita Falls Independent School District's school nurses and InterFaith Ministry of Wichita Falls - 70 individuals given assistance (Grants \$ 3881) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3881
30 To provide scholarships to college students who are needy adults and need assistance in attending a college of their choice. Six annual renewable scholarships are awarded to needy students for the completion of their education (Grants \$ 6000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6000
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	38027

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
Norman Mason, President PO Box 2047, Wichita Falls, TX 76307-2047	2	0	0	0
Rodney Foyce, First Vice-President PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Camron Ward, Second Vice-President PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Katharina Schlosser, Secretary PO Box 2047, Wichita Falls, TX 76307-2047	3	0	0	0
Nayland F Smith, Treasurer PO Box 2047, Wichita Falls, TX 76307-2047	6	0	0	0
Larry Miller, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Ayres Cermin, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
JoAnn Cermin, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Bruce Boyd, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Lou Murdock, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Jack Lavy, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Jerry Elam, Director PO Box 2047, Wichita Falls, TX 76307-2047	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

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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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: Nayland F Smith, CPA Telephone no.: 940-692-5244 Located at: PO Box 2047, Wichita Falls, TX ZIP + 4: 76307-2047
42b 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.
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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

Table with columns Yes, No and row 46 with a checkmark in the No column.

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

Table with columns Yes, No and row 47.

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

Table with columns Yes, No and row 48.

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

Table with columns Yes, No and row 49a.

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

Table with columns Yes, No and row 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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."

Table with 3 columns: (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

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 section containing signature of officer (Nayland F Smith), date (8/27/14), and name and title (Nayland F Smith, CPA, Treasurer).

Paid Preparer Use Only section containing fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, and Phone no.

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

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	124058			124058
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	124058			124058
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	82708			82708
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				82708
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				41350	

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))
		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) ▶					0
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					0

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

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

INTERNATIONAL ASSOCIATION OF LIONS CLUBS Wichita Falls Founder 896

75-6030917

Part I - line 10 - Grants and similar amounts paid: Scholarships to six needy college students (non-relative) \$6,000; Midwestern State

University Lions Club - \$600; Texas Lions Camp - \$825; Midwestern State University Fantasy of Lights - \$500; The Kitchen - \$1,000;

Lions International charities - \$300; Eye glasses recycling expense (non-relative) - \$114; Boys and Girls Club - \$3,500; CASA - \$500;

366th Student Squadron, Sheppard Air Force Base - \$2,000; Camp Fire - \$3,500; Northwest Council Boy Scouts - \$3,000;

Habitat for Humanity of Wichita Falls - \$3,000; Wichita Falls Area Food Bank - \$1,000; McGruff Crime Dog (Wichita County Sheriff) - \$1,000;

Project Back To School - \$500; Costs of purchasing eye glasses and eye exams for needy students of Wichita Falls ISD and needy adults

(non-relative) - 3,882; Costs of parties for adults and children at Wichita Falls State Hospital (non-relative) - \$1,056;

InterFaith Ministries (food purchases for needy) - \$1,000; Leadership Wichita Falls - \$250; Wichita County Christmas in Action - \$1,500;

**Wichita Falls Youth Symphony - \$500; City of Wichita Falls for improvements to City park - \$2,500; In addition to these payments, the amount
of \$2,613 was set aside for future payments for college scholarships. All payments were to non-relatives.**

Part I - line 16 - Other expenses: All payments were from administrative receipts. Weekly meals for members - \$13,662; Club supplies - \$437;

Dues paid to Lions International, State, and District associations - \$4,276; Conventions and meetings - \$427; Dues - \$304; Insurance - \$124