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For Paperwork Reduction Act Notice, see the separate instructions.

SCAN ED JUL 29 2015

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

Open to Public Inspection

ightharpoonup Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury rmation about Form 900_F7 and its instructions is at your in

peparment nternal Reve	of the Treasury enue Service	► Information about Fo	rm 990-EZ and its instruc	tions is at ww	vw.irs.gov/foi	m990.	S
		2013 calendar year, or tax year beginning July 1 , 2013, and ending			30 June		
3 Check if a	applicable				D Employer ide	ntification number	
Address	change	Midland West Side Lions Club	M			75	-6050637
Name ch		Number and street (or P.O. box, if ma	il is not delivered to street add	ress)	Room/suite	E Telephone nu	
Initial retu	P. O. Box 5536						2-618-0108
Terminat	1	City or town, state or province, count	ry, and ZIP or foreign postal co	de		F Group Exem	
Amended		Midland, TX 79704				Number ▶	•
	nting Method.		(specify) ▶		14		the organization is not
Website	-	E cach E yeardar office	(0,000.13)		"	required to atta	
		ck only one) — 🔲 501(c)(3)	01(c) () ◀ (insert no.)	4947(a)(1) o	r 🗆 527	(Form 990, 990-	
		☐ Corporation ☐ Trust	Association	Other		·	
		7b, to line 9 to determine gross re			more, or if tota	al assets	
		v) are \$500,000 or more, file Form				> g	
Part I	Revenu	e, Expenses, and Change	s in Net Assets or Fu	nd Balanc	es (see the	instructions	for Part I)
		the organization used Sched					
11		ns, gifts, grants, and similar ar					166890.83
2		ervice revenue including gover				2	10000.03
3		p dues and assessments				$\frac{1}{3}$	225
4	Investment	*				4	
5a	-	unt from sale of assets other t	han inventory	5a	1		
b		or other basis and sales exper	•	· · · · · · · · · · · · · · · · · · ·			
C		ss) from sale of assets other th			ine 5a)	5c	
6		d fundraising events	an inventory (odbardot ii		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E STATE	
a	Gross income from gaming (attach Schedule G if greater than						
				6a	1		
Ь		me from fundraising events (no			f contribution		
b		aising events reported on line			CONTINUENCE		
: }		h gross income and contribution			1		
		t expenses from gaming and fo	•	1 3 3		2508.50	
d		e or (loss) from gaming and fi				1203.88	
) "	line 6c)	or (loss) from gaming and in	undialising events (add	mies oa and	a ob and sui	THE PERSON	
70	•	of inventory loss returns and			 I	· · 6d	1304.62
7a		s of inventory, less returns and of goods sold		. 7a			
b		of goods sold t or (loss) from sales of invento			L		
8	•	nue (describe in Schedule O) .	• •	•		7c	
9		nue. Add lines 1, 2, 3, 4, 5c, 6d				. ▶ 9	4000
10		similar amounts paid (list in S		<u> </u>	· · · · ·		168420.45
111		id to or for members .	cnedule O)	DEA		10	66136.76
	- · · · · · ·		veo honofito	- REU	EIVED	111	468.66
12		her compensation, and employ				70 12	
13		al fees and other payments to		JUN 2	5 2015	0 13	92514.6
12 13 14 15		r, rent, utilities, and maintenant	. .	: 2	- দেখাখ	101	7668.25
1.0		blications, postage, and shipp	· ,	000		12 15	
16		nses (describe in Schedule O)		UGDE	en; ut	16	2791.17
17		nses. Add lines 10 through 16	47 (, , , , , , , , , , , , , , , , , ,		17	169579.44
18	EXCESS OF (deficit) for the year (Subtract III	ne 17 from line 9)		, , , ,	18	(1158.99)
19 19 20 21	net assets	or fund balances at beginning	_			de agrantica de	
<u> </u>		figure reported on prior year's					10414.56
រ្ទ 20		ges in net assets or fund balar				20	
21	Net assets	or fund balances at end of yea	r. Combine lines 18 thro	ugh 20 .		. ▶ 21	9255.57

Cat. No 106421

Form **990-EZ** (2013)

	rt II Balance Sheets (see the instructions	for Dort III				
Pa	•	•		0-411		_
	Check if the organization used Schedul	e O to respond to a				
			L	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			10414.50		9255.57
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			10414.50	25	9255.57
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of colum) —	10414.50	27	9255.57
	Statement of Program Service Accord			Part III)	1	0200.07
بينهي	Check if the organization used Schedul	-			1	Expenses
M/ha	t is the organization's primary exempt purpose?			raiciii L	-1 (1)0	equired for section 1(c)(3) and 501(c)(4)
						anizations and section
Desc	cribe the organization's program service accomp	lishments for each o	f its three largest p	rogram services,		47(a)(1) trusts; optional
	neasured by expenses. In a clear and concise r		e services provided	i, the number of	for	others.)
	ons benefited, and other relevant information for e				+	
28	Back to School Bash - 1000+ bags of school supplied	es are provided to stu	dents without any co	st to families	Į	
					1	
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ □</u>	28	a 14545.65
29	Thanksgiving, Christmas and Easter Food Box Proc	ram - Three times a y	ear 48 families are giv	ven 3 boxes of	}	
	food. Families are low income. Names are provide				1	
					1	
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ □	29	a 14619.83
30	*************************************			<u> </u>	+==	14070.00
~~					1	
					1	
	(Conto &	t includes femine and			100	_
•		t includes foreign gra			30	a
31	Other program services (describe in Schedule O)				l	
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	31	
	Total program service expenses (add lines 28a				32	20100110
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list eac	n one even if not com	pensated-see the		20100110
		y Employees (list eac	n one even if not comp ny question in this	pensated—see the Part IV		20100110
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	e O to respond to a (b) Average	n one even if not comp ny question in this (c) Reportable	pensated—see the Part IV	instru	uctions for Part IV)
	t IV List of Officers, Directors, Trustees, and Ke	e O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the Part IV (d) Health benefits, contributions to emplo	yee (e	20100110
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	e O to respond to a (b) Average	ny question in this (c) Reportable compensation	pensated—see the Part IV	yee (e	uctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	e O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	yee (e	uctions for Part IV)
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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		
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		
ь	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		7
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		√
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			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Milli		
39	Section 501(c)(7) organizations. Enter:			
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 ►			
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		
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			
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	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	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.			
С	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		. •	▶ □
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	Yes	
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 d	Did the organization receive any payments for indoor tanning services during the year?	44c		
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 45b		'
		_+JU		

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	Old the organization engage, directly or in o candidates for public office? If "Yes," o					46	TUN I	靈
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	estions 47–49b and	152, and co			or lines	 .
	Check if the organization used Scl	hedule O to respond	to any question in	this Part VI	<u> </u>			
			- 1 - 50403 1 1				Yes I	No
	Did the organization engage in lobbying vear? If "Yes," complete Schedule C, Par		section 501(n) electi		ouring the tax	47		✓
	s the organization a school as described in		· ·			48		✓
	Did the organization make any transfers to					49a		✓
	f "Yes," was the related organization a se Complete this table for the organization's			 ther than offic		49b	es and	<u>√</u> ko
	employees) who each received more than							ne,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions	benefits, to employee (e and deferred) Estimated other com	d amount	
				<u> </u>				
				<u> </u>				
			L					
51 (Fotal number of other employees paid over Complete this table for the organization \$100,000 of compensation from the orga	s five highest compo	ensated independent one, enter "None."	t contractors	who each re	eceived	more t	nar
	(a) Name and business address of each independ	(b) Type of service		(c) Compensation				
	•••••••••••••••••••••••••••••••••••••••							
						 -		
					·			
					-			_
								
	Total number of other independent contra	actors each receiving	over \$100 000	<u> </u>	······································			
	Did the organization complete Schedule A	•		s and 4947(a)(1)			_
	nonexempt charitable trusts must attach					☐ Yes	☐ No)
Under per true, corre	naities of perjury, I declare that I have examined this rict, and complete. Declaration of preparer (other than	etum, including accompan officer) is based on all info	ying schedules and staten irmation of which preparer	nents, and to the has any knowle	best of my know dge.	ledge and	belief, it i	s
	Latin H. Mc Connell							
Sign	Signature of officer	Date						
Here	Kathy H. McConnell, Midland West Side Lions Club Treasurer Type or print name and title 15 November 2014					4		
Paid	Print/Type preparer's name	Preparer's signature	0	ate	Check if	PTIN		
Prepar	rer				self-employed	<u> </u>		
Use O	nly Firm's name ►	y Firm's name ► Firm's EIN						
May the	Firm's address ► IRS discuss this return with the preparer	shown above? See i	netructions	Pho	ne no	□ Vae		
		CHOSSII DOOLE 1	HORIUGIUM		_	1 YAA	1 1 1 1 1 1 1 1	4

SÇHEDULE 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number Midland West Side Lions Club 75-6050637 Grantee Name/Grantee Address Amount Relationship Activity Part 1. Line 10: American Cancer Society, 2304 W. Wadley \$250.00 None Texas Lions Camp, P. O Box 290247, Kerrville, TX \$3750.00 None Acuna Eye Clinic,6404 Spyglass, San Angelo, TX \$505.00 None MARC Resource Center, 2701 N. A. Midland, TX \$120.00 None Northside Lions Club, P. O. Box 4122, Midland, TX \$250.00 None World Services for the Blind, 3811 Fair Park, Little Rock, AR \$350.00 None Lions Clubs International Foundation, 300 W. 22nd St, Oak Brook, IL \$700.00 None Leader Dogs for the Blind, 1039 S. Rochester Rd, Rochester, MI \$700.00 None Lions District 2-A1 Alert Trailer \$1000.00 None West Texas Lions Eye Bank, 2030 Pullman St, S4, San Angelo, TX \$1750.00 None Texas Lions Eyeglass Recycling Center, 2550 Flynt, Midland, TX \$1200.00 None Boy Scouts of America Buffalo Trail Council,1101 W. Texas, Midland Tx \$300.00 None Texas Lions Foundation, 520 West Lake Drive, Livingston, TX \$700.00 Children's Eyeglass Program, 200 Plaza St., Midland, TX \$500.00 None Backpack Food Program Crestview Cares, 301 N Loop 250 West, Midland, TX \$500.00 Christmas in Action, 500 S. Lee, Midland, TX \$250.00 None Habitat for Hunanity, 305 E. Texas, Midland, TX \$250.00 None Midland Downtown Lions Club, 200 Plaza, TX \$70.00 None Sponsor Exchange Student Midland Northside Lions Club, P.O. Box 4122, Midland, TX \$505.94 None Sponsor Exchange Student \$300.00 None Sponsor Boy Scout Troop 19, 307 Thomas, Midland, TX \$6900.00 None Sponsor Cub Scout Pack 67, 4115 WCR 180, Midland, TX \$4200.00 None Sponsor Boy Scout Crew 19, 4013 W Illinois, Midland, TX \$4100.00 None

Baseball Games for Exchange Students and Scouts