See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 private foundations)

▶ 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*.

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 1 , 2014, and ending June 30 , 20 15

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
International Association of Lions Clubs Wooster Noon

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
1580 Arthur Dr

City or town, state or province, country, and ZIP or foreign postal code
Wooster, OH 44691

D Employer identification number
34-0644458

E Telephone number
330-601-0751

F Group Exemption Number ▶

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:** ▶ www.woosternoonlions.org

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 . . . . . ▶ $ 70,296

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 . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	4,702
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	30,579
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	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 $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ 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	32,148	
	c	Less: direct expenses from gaming and fundraising events	6c	14,710	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	17,438
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	2,867
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	55,586
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	15,802
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	396
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,931
	16	Other expenses (describe in Schedule O)		16	26,234
	17	**Total expenses.** Add lines 10 through 16 ▶		17	44,363
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,223
	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	16,194
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	27,417

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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	15,388	22	28,021
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,899	24	1,229
25	**Total assets**	17,287	25	29,250
26	**Total liabilities** (describe in Schedule O)	1,093	26	1,833
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,194	27	27,417

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? civic/social service

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; optional for others.)

28 Scholarships - 2 scholarships are given to local Wooster area students that meet certain criteria as well as contributions were made to an additional scholarship fund held by the Wayne County Community Foundation.

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 5,000

29 Hospice Hopes Donation - Funds from our Christmas Tree fund-raiser were given to Hospice and Palliative Care of Greater Wayne County for the Hospice Hopes program.

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 2,500

30 Sight Care for the Needy - Funds used from various fund-raisers to help defray the costs of eye exams, eye glasses, eye care, etc.

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** 2,000

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a** 6,302

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 15,802

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
Michael McClintock President	2	0	0	0
Lucas Palmer Immediate Past President/Membership Retention	1	0	0	0
Tricia Pycraft Secretary	10	0	0	0
David Spar Treasurer	4	0	0	0
Allen Kahler 1st Vice President	1	0	0	0
Kevin McAllister 2nd Vice President	1	0	0	0
Sean Ulik 3rd Vice President	1	0	0	0
Ami Hammond Civic Improvement	1	0	0	0
Ann Paynter Lion Tamer	1	0	0	0
Eric Fairhurst Assistant Lion Tamer	1	0	0	0
Deanna Troutman Tail Twister	1	0	0	0
Clifford Greene Tail Twister	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 ☐

			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		✓
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		✓
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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		✓

41 List the states with which a copy of this return is filed ▶ Ohio

42a The organization's books are in care of ▶ David A. Spar, Treasurer Telephone no. ▶ 330-749-0149
Located at ▶ 290 Valley View Drive, Wooster, Ohio ZIP + 4 ▶ 44691

			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: ▶ N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c	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: ▶ N/A	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 ▶ 43 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		✓
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	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
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		✓

			Yes	No
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	46		✓

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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	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."

(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 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."

(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 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

Sign Here

▶ David A Spar — Signature of officer — Date: 11-12-15

▶ David A. Spar, Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE G (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

International Association of Lions Clubs Wooster Noon

Employer identification number

34-0644458

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? ☐ **Yes** ☐ **No**

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.

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

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.

		(a) Event #1 Xmas Tree Sales (event type)	(b) Event #2 Circus (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	11,847	10,656	9,645	32,148
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	11,847	10,656	9,645	32,148
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	600			600
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,945	5,977	1,188	14,110
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,710
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				17,438

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))
Revenue	1 Gross revenue				
Direct Expenses	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) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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.	2014
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.***	**Open to Public Inspection**

Name of the organization	Employer identification number
International Association of Lions Clubs Wooster Noon	34-0644458

Form 990-EZ, Part I, Line 8, Other Revenue:

Annual Banquet $1,785; Miscellaneous Income $40; Children's Services $414; Gumball Sales $244; Other Activity Fund $384.

Total to Form 990-EZ, Part I, Line 8 = $2,867

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Contributions to various organizations Grantee Name: Various, see Part III on Page 2 for details. Amt Given: $15,802

Form 990-EZ, Part I, Line 16, Other Expenses:

International Lions Clubs Dues $3,461; District Dues $1,257; Luncheon Meals $18,843; Miscellaneous Exp $22; Annual Banquet $1,999;

Bad Debts $572; District Convention $80.

Total to Form 990-EZ, Part I, Line 16 = $26,234

Form 990-EZ, Part II, Line 24, Other Assets:

Accounts Receivable Beginning of Year: $1,899; End of Year: $1,229

Total to Form 990-EZ, Part II, Line 24 = Beginning of Year: $1,899; End of Year: $1,229

Form 990-EZ, Part II Line 26, Other Liabilities:

Accrued Expenses Beginning of Year $1,000, End of Year $1,512

Deferred Revenue Beginning of Year $92; End of Year: $311; Raffle Payable Beginning of Year: $0, End of Year: $10

Total to Form 990-EZ, Part II, Line 26 = Beginning of Year: $1,093; End of Year: $1,833

Form 990-EZ, Part III, Line 31a, Other Program Service Accomplishments:

Childrens Services (grants: $0, expenses $414), Ohio Lions Sight & Hearing Committee (grants. $0; expenses: $300), Camp Echoing Hills

(grants $0; expenses: $1,070), Pilot Dogs (grants: $0, expenses $1,000); OLERF-Bryan Endowment (grants $0; expenses: $300);

Ohio Lions Foundation (grants: $0; expenses: $300); Ohio Lions Eye Research (grants: $0; expenses: $300); Ohio Lions All-State Band

(grants: $0; expenses: $50); Lions International Relations (grants: $0; expenses: $300); Dogwood Trees (grants: $0; expenses: $818);

LCIF-Melvin Jones (grants: $0; expenses: $600); Miscellaneous Community Projects/Donations (grants $0, expenses $850)

Total to Form 990-EZ, Part III, Line 31a = $6,302

Name of the organization	Employer identification number
International Association of Lions Clubs Wooster Noon	34-0644458

Form 990-EZ, Part IV, List of Officers, Directors, Trustees, and Key Employees:

The following is a list of the remainder of the Directors disclosed on Page 2 of the 990-EZ. NONE of the following directors received any compensation, benefits, or an expense allowance during the fiscal year.

Roger Proper, Title. Asst Tail Twister; Hours Devoted 1 00

Jenny Gerrick; Title: Asst. Tail Twister; Hours Devoted: 1 00

Mike Faught; Title: Director; Hours Devoted: 1.00

Jack Sleek; Title: Director; Hours Devoted 1 00

Cyndi O'Donnell; Title. Director, Hours Devoted: 1.00

Robyn McClintock; Title: Director; Hours Devoted: 1.00

Connie Valot; Title: Director; Hours Devoted: 1 00

Dave Shock; Title· Director, Hours Devoted· 1 00

John Veney; Title· Newsletter Editor, Hours Devoted 2.00