



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



**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)

**2014**

**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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning JULY 1, 2014, and ending JUNE 30, 2015

**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 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 \_\_\_\_\_

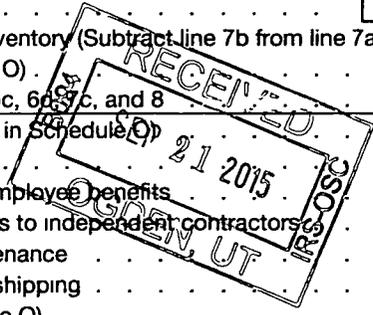
**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **159822**

**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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts . . . . .	2		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)
3	Membership dues and assessments . . . . .	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income . . . . .	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
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 \$ 151168 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	151168		
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	102592		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	48576		
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	69471		
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	58861		
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	109		
16	Other expenses (describe in Schedule O) . . . . .	16	18921		
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	77891		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8420		
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	168242		
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	159822		

SCANNED SEP 29 2015



15

**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	168242	22 160682
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	168242	25 160682
26 Total liabilities (describe in Schedule O)		26 860
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	168242	27 159822

**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

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 <u>To provide funds to support non-profit organizations serving needy and disabled youth and adults: Boys and Girls Club(youth)-\$5,500;Camp Fire(youth)-\$5,500;SAFB Student 366th Squadron(adults)-\$4,000;Boy Scouts (youth)-\$4000;The Kitchen(youth &amp; adults)-4000;Habitat for Humanity(adults &amp; youth)-3000;Orthers-&amp;22,745 (Grants \$ ) If this amount includes foreign grants, check here</u>	28a	48745
29 <u>To provide new eyeglasses and eye exams for needy children and adults as referred to the Lions Club by the Wichita Falls Independent School District's in-charge nurse and InterFaith Ministry of Wichita Falls - 61 individuals given assistance in providing for their needs (Grants \$ ) If this amount includes foreign grants, check here</u>	29a	4116
30 <u>To provide scholarships to college students who are needy adults and need cash assistance in attending the college of their choice. Six renewal scholarships at \$1,000 each are awarded to needy adults (students) for the assistance in providing for their college education (Grants \$ ) If this amount includes foreign grants, check here</u>	30a	6000
31 <u>Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here</u>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	58861

**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
Rodney Foyce, President PO Box 2047, Wichita Falls, TX 76307-2047	2	0	0	0
Camron Ward, Vice-President PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Mike Mitchell, Vice-President PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Dan Gray, 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	8	0	0	0
LaDonna Cullen, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	0	0	0
Katherina Schlosser, 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
Lou Murdock, Director PO Box 2047, Wichita Falls, TX 76307-2047	1	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
Bruce Boyd, 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:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
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:
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 . . . . . 46 Yes No

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 . . . . . 47 Yes No
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."

Table with 5 columns: (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."

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 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 Signature of officer: Nayland F Smith, Treasurer Date: 9/14/15

Paid Preparer Use Only Pnnt/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



**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
		<u>TX / OKLA FAIR</u> (event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	151168	0	0	151168
	<b>2</b> Less: Contributions . . . . .	0			0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	151168			151168
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	0			0
	<b>7</b> Food and beverages . . . . .	0			0
	<b>8</b> Entertainment . . . . .	0			0
	<b>9</b> Other direct expenses . . . . .	102592	0	0	102592
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				102592
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				48576	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2014**

**Open to Public  
Inspection**

Name of the organization

**INTERNATIONAL ASSOCIATION OF LIONS CLUBS Wichita Falls Founder 896**

Employer identification number

**75-6030917**

**PART I - LINE 10 - GRANTS AND SIMILIAR AMOUNTS PAID:** Annual scholarships given to six needy college students students (non-relative) \$6,000, Texas Lions Camp -\$725, Midwestern State University Fantasy of Lights -\$500, Wichita Falls Area Food Bank - \$3,000, Boys and Girls Club - \$5,500, Lions International charities - \$350, Child Advocates - \$1,000, 366th Student Squadron, Sheppard Air Force Base - \$4,000, Camp Fire - \$5,500, Northwest Council Boy Scouts - \$4,000, Habitat of Humanity of Wichita Falls - \$3,000, McGruff Crime Dog (Wichita County Sheriff - \$1,000, Project Back to School - \$1,000, The Kitchen - \$4,000, Costs of providing eye glasses and eye examinations for needy students in the Wichita Falls ISD and needy adults (non-relative) - \$4,116, Costs of birthday parties for needy youth and adults at the Wichita Falls State Hospital (non-relative) - \$954, Texas Lions Foundation - \$100, Wichita Falls Police - Teen Court-\$2,000, InterFaith Ministries-\$3,000, Wichita County Christmas In Action - \$1,000, Wichita Falls Youth Symphony - \$500, Hospice of Wichita Falls - \$2,000, Wichita Falls Police - Drug and Safety - \$2,000, Wichita Falls ISD Foundation - \$1,500, Rainbow House (help for abused children) - \$1,000, Sheppard Air Force Base Top 3 - \$1,000, Texas National Guard Family Support Foundation - \$100, City of Wichita Falls (park improvement) - \$16. All payments were to non-relatives.

**PART I - LINE 16 - OTHER EXPENSES:** All payments were from administrative receipts. Weelly meals for members - \$13,351, Membership Dues - \$2,043, Insurance - \$62, Dues Paid - \$2,279, Conventions and meetings - \$535, Club Supplies - \$308, Awards - \$68, Office Supplies - \$200, Miscellaneous - \$75

**PART II - LINE 26 (B) - TOTAL LIABILITES:** Receipts Held In Escrow For Distribution To Third Party - Not Revenue to the Founder Lions Club - \$860.