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Form **990-EZ**

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)

2015

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 2015 calendar year, or tax year beginning **JULY 1**, 2015, and ending **JUNE 30**, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL ASSOCIATION OF LIONS CLUBS Wichita Falls Founder 896		D Employer identification number 75-6030917
	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite PO BOX 2047		E Telephone number (940) 692-5244
	City or town, state or province, country, and ZIP or foreign postal code WICHITA FALLS, TX 76307-2047		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: ▶ _____

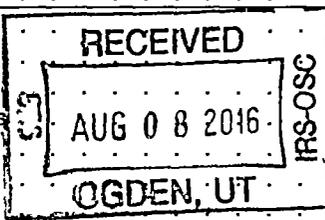
J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ **161,417**

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	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	20438
	4 Investment income	4	2038
	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 \$ 143698 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	143698	
c Less: direct expenses from gaming and fundraising events	6c	100925	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	42773	
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	65249	
Expenses.	10 Grants and similar amounts paid (list in Schedule O)	10	42958
	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	168
	16 Other expenses (describe in Schedule O)	16	20528
	17 Total expenses. Add lines 10 through 16 ▶	17	63654
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1595
	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	159822
	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	161417



P-4

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	160682	22 161417
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	160682	25 161417
26 Total liabilities (describe in Schedule O)	860	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159822	27 161417

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)-\$3500;Camp Fire(youth)-\$3500;SAFB 366th Student Squadron(adults)-\$2000;Boys Scouts (youth)-\$3000;The Kitchen(youth & adults)-\$2250.Habitat for Humanity(adults & youth)-\$2000 Others-\$18305 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	28a	34555
29 <u>To provide new eyeglasses and eye exams for needy youth and adults as referred to the Lions Club by the Wichita Falls Independent School District's RN and InterFaith Ministries of Wichita Falls - 51 needy youth and adults provided with new and replacement eyeglasses and eye examinations (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	29a	3403
30 <u>To provide scholarships to needy college students who need financial assistance in attending the college of their choice Each needy student receives \$1000 per year and is renewable for each school year in order to assist them in obtaining their higher education (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	30a	5000
31 <u>Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	42958

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
<u>Camron Ward, President</u> PO Box 2047, Wichita Falls, TX 76308	3	0	0	0
<u>John Golden, Vice-President</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Gaby Lockhart, Vice-President</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Joe Cullen, Secretary</u> PO Box 2047, Wichita Falls, TX 76308	3	0	0	0
<u>Nayland F Smith, Treasurer</u> PO Box 2047, Wichita Falls, TX 76308	8	0	0	0
<u>Jerry Elam, Director</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Derek Dansby, Director</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Katharina Schlosser, Director</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Dan Gray, Director</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Benny Daniel, Director</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Dub Brackeen, Director</u> PO Box 2047, Wichita Falls, TX 76308	1	0	0	0
<u>Ayres Cermin, Director</u> PO Box 2047, Wichita Falls, TX 76308	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), 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 Nayland F Smith 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
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 [check]

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), Date (May 4 2016), Type or print name and title (Nayland F Smith, Treasurer)

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 / OK FAIR</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	143698	0	0	143698
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	143698	0	0	143698
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	100925	0	0	100925
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				100925
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42773	

Part III Gaming. Complete if the organization answered "Yes" on 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	<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) ▶				
	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: _____

**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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

INTERNATIONAL ASSOCIATION OF LIONS CLUBS Wichita Falls Founder 896

75-6030917

PART I - LINE 10 - GRANTS AND SIMILIAR AMOUNTS PAID: Annual scholarships given to six needy college students (non-relative) \$5,000, Texas Lions Camp -\$580, Midwestern State University Fantasy of Lights -\$500, Wichita Falls Area Food Bank -\$2,750, Boys and Girls Club - \$3,500, Lions International Charities - \$432, Child Advocates -\$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 -\$2,000, McGruff Crime Dog (Wichita County Sheriff - \$1,000, Project Back to School -\$500, The Kitchen -\$2,250, Costs of providing eyeglasses and eye examinations for needy students in the Wichita Falls Independent School District and needy adults (all non-relative) - \$3,403, Costs of birthday parties for youth and adult patients at the Wichita Falls State Hospital (non-relative) -\$982, Texas Lions Foundation -\$96, Wichita Falls Police Teen Court -\$1,000, Rainbow House - (help for abused children) -\$500, InterFaith Ministries -\$1,000, Wichita County Christmas in Action -\$500, Wichita Falls Youth Symphony - \$500, Hospice of Wichia Falls -\$1,000, Wichita Falls Police - Drug and Safety -\$1,000, Wichita Falls Independent School District Foundation - \$1,000, Sheppard Air Force Base Top 3 -\$1,060, Wichita Falls Youth Leadership -\$225, Leader Dogs for the Blind - \$175, North Texas State Hospital Child and Adolescent -\$1,000, Midwestern State University Lions Club -\$1,208, Southside Youth Senter - \$500, Miscellaneous -\$297

All payments were to non-relatives.

PART I - LINE 16 - OTHER EXPENSES: Weekly meals for members -\$14584, Membership dues -\$4053, Insurance -\$62, Conventions and meetings -\$1096, Club supplies -\$210, Office supplies -\$386, Other -\$137

