SCANNED AUG 1 3 2019

Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

2017

OMB No 1545-1150

► Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| A F | or the | 2017 calendar year, or tax year beginning July 1 | , 2017, and ending June 30 , 20 1 |
|------------|------------------------------|--|--|
| ВС | heck if ap | oplicable C Name of organization | D Employer identification number |
| = | Address c | Tate Indianal Association of Cions 1101 Middiana Wes | |
| = | Name cha | | Room/suite E Telephone number |
| _ | Initial retur Final retur | P.O. Box 5536 | 432-618-0108 |
| = | Amended | City or town, state or province, country, and ZIP or toreign pos | stal code F Group Exemption |
| | Application | n pending Midland, TX 79704 | Number ► 0239 |
| G A | Account | ting Method ☐ Cash ☐ Accrual Other (specify) ☐ | H Check ► ✓ If the organization is |
| | Vebsite | | required to attach Schedule B |
| JT | ax-exen | npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert i | |
| | | organization Corporation Trust Associati | |
| | | s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipt | |
| | | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 9 | |
| P | art I | Revenue, Expenses, and Changes in Net Assets of | • |
| | , | Check if the organization used Schedule O to respond to | |
| | 1 | Contributions, gifts, grants, and similar amounts received. | 1 |
| | 2 | Program service revenue including government fees and cor | |
| | 3 | Membership dues and assessments | |
| \ | 4 | Investment income | |
| J | 5a | Gross amount from sale of assets other than inventory . | 5 a |
| | b | Less: cost or other basis and sales expenses | · · · · · · · · · · · · · · · · · · · |
| | C | Gain or (loss) from sale of assets other than inventory (Subtricaming and fundraising events EIVED | act line 5b from line 5a) 5c |
| | 6 | | |
| ø | a | Gross income from gaming (attach Schedule G if gre | 1 1 1 |
| Š | ١. | \$15,000) · · · 8 · MAY 2 2 · 2019 · 9 | · · [6a] |
| Revenue | þ | Gross income from fundraising events (not including \$ | 96,681 of contributions |
| ď | | from fundraising events reported on line 1 datach Schedul sum of such gross income and constitutions exceeds \$15,00 | e Girthe |
| | | | 7,555 |
| | C | Less direct expenses from gaming and fundraising events | 6c 1,016 |
| | d | Net income or (loss) from gaming and fundraising events (line 6c) | |
| | | • | 6d |
| | 7a | Gross sales of inventory, less returns and allowances | |
| | b | Less: cost of goods sold | |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7th | |
| | 8 9 | · · · · · · · · · · · · · · · · · · · | |
| | 10 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | |
| | 11 | Grants and similar amounts paid (list in Schedule O) . | |
| s | 12 | Benefits paid to or for members | |
| | 13 | Professional fees and other payments to independent contra | |
| ĕ | 14 | Occupancy, rent, utilities, and maintenance | |
| Expense | 15 | Printing, publications, postage, and shipping | |
| _ | 16 | Other expenses (describe in Schedule O) | |
| | 17 | | |
| | 18 | Total expenses. Add lines 10 through 16 | |
| ets | 19 | Net-assets or fund balances at beginning of year (from line | |
| Net Assets | . ັ | end-of-year figure reported on prior year's return) | \ \tau \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| μ | 20 | Other changes in net assets or fund balances (explain in Sch | |
| Ž | 21 | Net assets or fund balances at end of year. Combine lines 1 | · · · · · · · · · · · · · · · · · · · |
| For | | work Reduction Act Notice, see the separate instructions. | - 000 E7 |
| . 01 | - apen | | Cat No 10642I |
| | | 2.0 | \ |

| | Balance Sheets (see the instructions | | | | | |
|---------------|--|--|---|---|----------|---------------------------------------|
| | Check if the organization used Schedul | e O to respond to a | ny question in this | | <u> </u> | <u></u> |
| | | | _ | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | 9,802 | | 3,043 |
| 23 | Land and buildings | | | | 23 24 | · · · · · · · · · · · · · · · · · · · |
| 24 25 | Total assets | | | 9,802 | | 3,043 |
| 26 | | | · · : : : : | 5,602 | 26 | 3,043 |
| 27 | Net assets or fund balances (line 27 of column | | _ | 9,802 | | 3,043 |
| Part | | | | | | , |
| | Check if the organization used Schedul | e O to respond to a | ny question in this | Part III 🔲 | , | Expenses |
| What | is the organization's primary exempt purpose? | | | | | ured for section (3) and 501(c)(4) |
| as m perso | ribe the organization's program service accomp easured by expenses. In a clear and concise on the properties on the control of | manner, describe the ach program title. | e services provided | , the number of | organ | nizations, optional for s) |
| 28 | Back to School Bash - 100 bags of school supplies | are provided to stude | nts without any cost t | o families | | |
| | (Grants \$) If this amoun | it includes foreign gr | ante chook horo | | 28a | 10.240 |
| | Food Box Program - 3 boxes of food are given to 48 | | | | ∠oa | 10,349 |
| | Thanksgiving and Easter. Names are provided by (| | | | | |
| | g | | | | | |
| | | t includes foreign gr | ants, check here . | ▶ 🗆 | 29a | 12,484 |
| 30 | • | | | | | |
| | | | | | | |
| | (O | | | | | |
| | | t includes foreign gr | | | 30a | |
| | Other program services (describe in Schedule 0) (Grants \$) If this amour | t includes foreign gr | | | 31a | |
| | Total program service expenses (add lines 28a | | | | 32 | 22,833 |
| Part | | | | | | |
| | Check if the organization used Schedul | | | | | |
| | | | , - | railiv | | |
| | (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 employ | ot | Estimated amount of her compensation |
| J. R. I | Pourland Provident | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| | (a) Name and title Bourland, President W. County Rd 181, Midland, TX 79706 | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| 4115 | Bourland, President | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| 4115 Kathy | Bourland, President W. County Rd 181, Midland, TX 79706 | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| 4115 Kathy | Bourland, President W. County Rd 181, Midland, TX 79706 McConnell, Treasurer | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| 4115 Kathy | Bourland, President W. County Rd 181, Midland, TX 79706 McConnell, Treasurer | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| 4115 Kathy | Bourland, President W. County Rd 181, Midland, TX 79706 McConnell, Treasurer | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
| 4115 Kathy | Bourland, President W. County Rd 181, Midland, TX 79706 McConnell, Treasurer | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |
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| 4115 Kathy | Bourland, President W. County Rd 181, Midland, TX 79706 McConnell, Treasurer | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | ot | |



| 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 | | Yes | No |
| 33 | detailed description of each activity in Schedule O | 33 | | 1 |
| 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 | | | , |
| 05- | change on Schedule O (see instructions) | 34 | | ✓_ |
| | 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 | | √ |
| | 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 | | ✓ |
| С | 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 | | · | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓. |
| 38a | 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 | 000 | | • |
| 39 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| ь 40а | Gross receipts, included on line 9, for public use of club facilities | } | | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | ļ |
| | 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 | | 1 |
| С | 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 | 1 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | 1 |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | | 132-52 | | 1 |
| L | Located at ► 307 Thomas, Midland, TX ZIP + 4 ► | 79 | 703 | |
| b | 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: | | 1 | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶ | 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 | | | ▶ □ |
| | The same and an arrangement of the configuration of the same and the same arrangement of the same arra | | 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 | | 1 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | ++0 | | \ |
| ~ | completed instead of Form 990-EZ | 44b | | 1 |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | V |
| 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 | | 1 |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✓ |
| ь | 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) | 451 | | |
| | | 45b | I | ı √ |

| 46 | Did ti | ne organization engage, directly or in | ndirectly in political c | ampaign activities | on behalf o | f or in opposi | tion | Yes | No | | | |
|--------------|--|--|--|---|-------------------------------------|--|----------------|------------|----------|--|--|--|
| 40 | to ca | ndidates for public office? If "Yes," of | complete Schedule C | Part I | | | . 4 | 3 | 1 | | | |
| Part | VI | Section 501(c)(3) organizations | only | | | | | | | | | |
| | | All section 501(c)(3) organization 50 and 51. | s must answer que | stions 47-49b an | id 52, and | complete th | e tables | tor III | ies | | | |
| | | Check if the organization used Scl | nedule O to respond | to any question i | n this Part ' | VI | | | | | | |
| | | oncox ii the organication acce co. | Todalo o lo rospono | to any quoditorn | Trans are | · · · · | <u> </u> | 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 | | | | | | | | | | | |
| 48 | • | organization a school as described in | | | | | . 4 | _ | +- | | | |
| 49a | | ne organization make any transfers to | | | | | | | + | | | |
| b | | es," was the related organization a se | | | | | | | † | | | |
| 50 | Com | 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." | | | | | | | | | | |
| | | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | (d) He contribute benefit pla | alth benefits, ons to employee ins, and deferred opensation | (e) Estim | | ount of | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | T-4-1 | | \$100,000 | <u> </u> | | | | | | | | |
| 51 | Com | number of other employees paid ov plete this table for the organization, ,000 of compensation from the orga | s five highest compe | | ent contract | ors who eacl | h receive | d mor | e than | | | |
| | | Name and business address of each independ | | (b) Type of s | service | (c |) Compens | ation | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| d | Total | number of other independent contra | actors each receiving | over \$100,000 . | . ▶ | L | | | | | | |
| 52 | | the organization complete Schedu | ile A? Note: All se | ection 501(c)(3) or | ganızatıons | must attac | h a | | | | | |
| | | oleted Schedule A | · · · · · · · | | | <u> </u> | . ▶ □ Y | | No | | | |
| | | of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than | | | | | nowledge a | ınd belief | f, it is | | | |
| | | Lath McGorne | 00 | | | 15 N | lou | 201 | 9 | | | |
| Sign Here | | Signature of Officer Kathy McConnell, Treasurer | | | | Date | 4 | | | | | |
| | | Type or print name and title | | _, | | | | | | | | |
| Paid | arar | Print/Type preparer's name | Preparer's signature | | Date | Check Self-emplo | | i | | | | |
| Prep Use | | Firm's name ▶ | | | | Firm's EIN ▶ | | | | | | |
| | | Firm's address ▶ | | | | Phone no | | | | | | |
| May t | ne IRS | discuss this return with the prepare | r shown above? See | instructions | · · · · | <u> </u> | ► □ Y | es 🔲 | No | | | |

Form 990-EZ (2017)

SCHEDULE 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.

20**17**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

| nternational Association of Lions 1181 Midland West Side | 75 | 56050637 |
|---|------------|--------------|
| Activity Grantee Name/Address | Amount | Relationship |
| Part 1, Line 10 | | |
| Texas Lions Camp, P.O. Box 290247, Kerrville, TX | \$6850.00 | None |
| Leader Dogs for the Blind, 1309 S. Rochester Rd, Rochester MI | \$1060.00 | None |
| Lions Clubs International Foundation 300 W. 22nd St. Oak Brook, IL | \$1060.00 | None |
| Texas Lions Eyeglass Recycling Center, 2500 Flynt, Midland, TX | \$1060.00 | None |
| West Texas Lions Eye Bank, 2030 Pullman, S4, San Angelo, TX | \$2750.00 | None |
| Acuna Eye Clinic, 6404 Spyglass, San Angelo, TX | \$530.00 | None |
| Texas Lions Foundation, 520 West Lake Dr., Livingston, TX | \$1060.00 | None |
| Hurricane Harvey Relief Fund and Blankets for Hurricane Victims | \$1,272.00 | None |
| Northside Lions Club, P. O. Box 4122, Midland, TX | \$370.00 | None |
| San Angelo Lighthouse Lions Club | \$200.00 | None |
| District 2-A1 Vision Screening Charity | \$530.00 | None |
| Food Boxes 144 Families in the Midland Community | \$12484.00 | None |
| Back to School Bash 1000 Bags of School Supplies | \$10349.00 | None . |
| Sponsor Boy Scout Troop 19, 307 Thomas, Midland, TX | \$3438.00 | None |
| Sponsor Boy Scout Pack 67, 4115 WCR 180, Midland, TX | \$3150.00 | · None |
| Sponsor Boy Scout Crew 19, 4208 Tanner, Midland, TX | \$500.00 | None |
| Bingo at Retirement Center Bingo at Manor Park, 2208 N. Loop 250, Midland, TX | \$421.00 | None |
| Social for Foreign Exchange Students | \$10.31 | None |
| Scholarships/Donations to Students | \$275.00 | None |
| Children's Christmas Gıft Bags | \$68.00 | None |
| Salvation Army Adopted Family | \$500.00 | None |
| H.O.T. Honor our Troops, 4044 Penbrook St, Odessa, Texas | \$200.00 | None |
| Families Transportation Costs to Texas Lions Camp | \$52.00 | None |
| Bench for Centennial Project | \$444.00 | None |

| ame of the organization ternational Association of Lions 1181 Midland West Side | | Employer identification number | | | |
|--|--|--------------------------------|--------------|--|--|
| Activity | Grantee Name/Address | Amount | Relationship | | |
| Part 1, Line 10 (Co | ontinued) | | | | |
| | Dictionaries for Jane Long Elementary School, 4200 Cedar Spring, Midland, T. | X \$238.50 | None | | |
| • | H.E.A.R.T., Helping our First Responders and Veterans, heartsoul.us, Midland | , TX \$200.00 | None | | |
| •••• | Breaking Bread Kitchen, 410 E. Florida, Midland TX | \$200.00 | None | | |
| | Two families that lost their homes during a fire | \$2000.00 | None | | |
| | Bridging Cultures, P.O. Box 2334, Weatherford, TX | \$450.00 | None | | |
| Part 1, Line 16 | | | | | |
| Other Expenses | | | | | |
| Texas Lions Camp | p Dues \$1113.00 | · | | | |
| Lions Clubs Interr | national Dues \$1947.78 | | | | |
| District 2-A1 and | State Dues \$711.76 | | | | |
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