For Paperwork Reduction Act Notice, see the separate instructions.

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)

2018

OMB No 1545-1150

Department of the Treasury

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

Open to Public Inspection

Inte	rnal Rever	nue Service	► Go to www.irs.gov/Form9	390EZ for instructions	and the la	itest informa	tion. [4 (
A	For the	2018 calend	ar year, or tax year beginning	July 1	, 2018,	and ending		une 30	, 20 19		
В	Check if ap	eck if applicable C Name of organization D						D Employer identification number			
	Address c	hange	International Association of Lions 118	31 Midland West Side				75-6	050637		
	Name cha	nge	Number and street (or P O box, if mail is not		3)	Room/suite	E Telep	hone numb	per		
님	Initial retur		P.O. Box 5536					432-618-0108			
H	Amended	n/terminated	City or town, state or province, country, and a	ZIP or foreign postal code		2/1	F Grou	p Exemp			
Ħ	Application		Midland, TX 79704			04		iber ▶	0239		
G	Account	ing Method	✓ Cash	fy) ▶		Тн	Check •	► ☑ if th	e organization is not		
									Schedule B		
									Z, or 990-PF)		
		organization			Other						
		•	7b to line 9 to determine gross receipts			nore, or if tot	al assets				
			\$500,000 or more, file Form 990 instead of	=				▶ s			
	Part I	Revenu	e, Expenses, and Changes in N	let Assets or Func	Balanc	es (see the	e instruc	tions fo	or Part I)		
			the organization used Schedule O								
	1		ons, gifts, grants, and similar amount		·			1	139,712		
	2		service revenue including government				· · · }	2	100,7 12		
	3		nip dues and assessments				· · ·	3	945		
	4	Investmen						4	343		
	5a		ount from sale of assets other than in			ı · · · ·	·				
	Ь		or other basis and sales expenses .		<u> </u>						
	C					ine 5a)		5c			
	6		loss) from sale of assets other than inventory (Subtract line 5b from line 5a) and fundraising events								
	a	_	come from gaming (attach Schedule G if greater than								
ē		\$15,000)	· · · · · · · · · · · · · · · · · · ·		u │ 6a	1					
Revenue	Ь		ome from fundraising events (not incli	udina \$		ı f contributio	ne				
ě	"		raising events reported on line 1) (at			Continuatio	,,,,,				
Œ	1		ch gross income and contributions ex				5,820				
	С		ct expenses from gaming and fundrai	•			1,500	İ			
	ď		ne or (loss) from gaming and fundral			l d 6b and si					
	-	line 6c)				3 05 and 50	Journal	6d	4 220		
	7a	•	es of inventory, less returns and allow		7a	1	, ,	 	4,320		
	'a										
	C		fit or (loss) from sales of inventory (Su			l .		7c			
	8		enue (describe in Schedule O)		•			8			
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,					9	144.077		
	10		d similar amounts paid (list in Schedu					10	144,977		
	11		aid to or for members	1	RE	CEIVE	D	11	48,066 436		
c)	1	Salaries o	other compensation, and employee b				O. O.	12	430		
Se	13	Profession	alaries, other compensation, and employee benefits					13	71 450		
Expenses	14							14	71,456		
	15		Occupancy, rent, utilities, and maintenance						7,517		
	16		enses (describe in Schedule O)		ÖĞ	DEN, U	Л . I	15 16	120		
	17		enses (describe in Schedule 0) enses. Add lines 10 through 16					17	3,886		
_	10	Evenes or	(deficit) for the year (Subtract line 17	from line (!)			1	18	131,481		
ets	19		s or fund balances at beginning of y					10	13,496		
SS	"		ar figure reported on prior year's retu					10			
Net Assets	20		nges in net assets or fund balances (•				19	3,043		
	21		s or fund balances at end of year. Co	·	-			20			
	- 1	1101 000010	, or runiu paranoco al citu di yedi. Col	THE ILLES TO LITTOUC	aii∠U .			411	16.539		

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Form **990-EZ** (2018)

Cat No 106421

	rt II	Balance Sheets (see the instructions t	•				
		Check if the organization used Schedule	O to respond to ar	y question in this			<u>.</u> 🔲
				Ļ	(A) Beginning of year	ļ _.	(B) End of year
22		sh, savings, and investments			3,043		16,539
23		d and buildings				23	
24		er assets (describe in Schedule O)				24	
25		al assets			3,043		16,539
26 27		al liabilities (describe in Schedule O)			3,043	26	9,150
Par		Statement of Program Service Accom				21	7,389
	3	Check if the organization used Schedule	•		•		Expenses
Wha	t is the	e organization's primary exempt purpose?		., 4000			quired for section
		he organization's program service accompli	shments for each o	ite three largest r	rogram services	1	(c)(3) and 501(c)(4) anizations, optional for
as m	neasur	red by expenses. In a clear and concise menefited, and other relevant information for ea	nanner, describe the			oth	ers.)
28		to School Bash - 1000 bags of school supplies		ents without any cos	t to families	 	T
	- Friii						
	(Gran	its \$) If this amount	includes foreign gra	nts, check here .	▶ □	28	9,701
29	Food	Box Program - 3 boxes of food are given to 48	low income families t	hree times a year, Tl	nanksgiving,		
	Christ	tmas and Easter. Names are provided by Chris	tmas in Action				
	(Gran	its \$) If this amount	includes foreign gra	nts, check here .	▶ ⊔	29	a 13,805
30							
	(Gran	uts \$ \ \ If this amount	includes foreign gra	nts check here	▶ □	30	a
31		r program services (describe in Schedule O)				-	
	(Gran		includes foreign gra			31	a
32	Total	program service expenses (add lines 28a	through 31a)		🕨	32	23,506
Par	t IV	List of Officers, Directors, Trustees, and Key	y Employees (list each	one even if not com	pensated - see the i	nstru	ictions for Part IV)
		Check if the organization used Schedule	O to respond to ar		Part IV		<u> </u>
		· · · · · · · · · · · · · · · · · · ·					
			(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e) Estimated amount of
		(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		e) Estimated amount of other compensation
		(a) Name and title	hours per week	compensation	contributions to employ benefit plans, and		e) Estimated amount of other compensation
	liann f	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		e) Estimated amount of other compensation
4208	Tanne	(a) Name and title Flores er, Midland, TX 79703	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and) Estimated amount of other compensation
4208 Kath	Tanne y McCo	(a) Name and title Flores er, Midland, TX 79703 onnell	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		e) Estimated amount of other compensation
4208 Kath	Tanne y McCo	(a) Name and title Flores er, Midland, TX 79703	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		e) Estimated amount of other compensation
4208 Kath	Tanne y McCo	(a) Name and title Flores er, Midland, TX 79703 onnell	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		e) Estimated amount of other compensation
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4208 Kath	Tanne y McCo	(a) Name and title Flores er, Midland, TX 79703 onnell	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		e) Estimated amount of other compensation
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4208 Kath	Tanne y McCo	(a) Name and title Flores er, Midland, TX 79703 onnell	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Sestimated amount of other compensation
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4208 Kath	Tanne y McCo	(a) Name and title Flores er, Midland, TX 79703 onnell	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Sestimated amount of other compensation

/	-	_
	_	/

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
			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		1
þ	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		1
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		+	
þ	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?	-		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		
39	Section 501(c)(7) organizations. Enter:	1		ľ
а	Initiation fees and capital contributions included on line 9			
þ	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 ▶	, e.	3	,
Þ	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		'A1	
	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	**		<u> </u>
	on organization managers or disqualified persons during the year under sections 4912,		٠.	-
	4955, and 4958	,	i l	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		١.	
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	<u> </u>	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Kathy McConnell Telephone no. ►			
h	Located at ► 307 Thomas, Midland, TX ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	79	703 Yes	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO /
	If "Yes," enter the name of the foreign country ▶	120		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		,	
c	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	N _a
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	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			
	completed instead of Form 990-EZ	44b		V
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	44:		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	_	1
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	٠.	
_	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		1

Form 990	-EZ (20	918)						I	Page 4	
								Yes	No	
		ne organization engage, directly or inc							لـِـــــــــــــــــــــــــــــــــــ	
		ndidates for public office? If "Yes," co		Parti	• • •	· · · · ·	. 4	6	✓	
Part V		Section 501(c)(3) Organizations		stions 47 40b ar	nd 52 and	complete the	a tables	forlin	.00	
		All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tal 50 and 51.								
		Check if the organization used Sch	edule O to respond	to any question i	n this Part	VI			П	
		Officer if the organization about con-	cadio o to respond	to any queenent	ii tiiio i ait		<u> </u>	Yes	No	
47	Did th	ne organization engage in lobbying a	activities or have a	section 501(h) elec	tion in effe	ect during the t	tax 🗀	+		
		If "Yes," complete Schedule C, Part					. 4	7		
48 I	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
		ne organization make any transfers to					. 49	a		
		s," was the related organization a sec					. 49			
		plete this table for the organization's								
	empi	byees) who each received more than	\$100,000 of comper	nsation from the or		ealth benefits,	e, enter	"None		
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ions to employee ans, and deferred		Estimated amount of their compensation		
					1					
						İ				
				<u> </u>						
		number of other employees paid over				_				
		blete this table for the organization's ,000 of compensation from the organ			ent contrac	tors who each	receive	ea mon	e man	
	(a) Name and business address of each independent contractor			(b) Type of	Service	(c)	Compens	eation		
	(6)	Traine and business address of each independent		(5) 1) pc 01		(6)	Compone			
		••••••		1						
					=					
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100 000	. •	I				
		the organization complete Schedu	J	•	rganization	s must attach	n a			
				, ,, ,	•		. —	es 🗌	No	
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					owledge	and belief	i, it is	
	Γ	Vother Mc Counce DD 5/13/2020								
Sign		Signature of officer				Date	,			
Here		Kathy McConnell, Treasurer Type or print name and title								
Paid	L_	Print/Type preparer's name	Preparer's signature		Date	Check	, PTI	N		
Prepa	arer	self-employed								
Use C		Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶ Phone no								
iviay the	ยแหง	discuss this return with the preparer	snown above? See	instructions	· · <u>·</u> ·	1	► ∐ Y	es 📙	No	

SCHEDULE 0 (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

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

\$2550.00 \$2989.00 \$550.00 \$210.00 \$640.00 \$550.00	None None None None None None None None
\$2989.00 \$550.00 \$256.00 \$210.00 \$640.00	None None None None
\$2989.00 \$550.00 \$256.00 \$210.00 \$640.00	None None None None
\$550.00 \$256.00 \$210.00 \$640.00 \$550.00	None None None None
\$256.00 \$210.00 \$640.00 \$550.00	None None None
\$210.00 \$640.00 \$550.00	None None
\$640.00 \$550.00	None
\$550.00	
	None
\$550.00	
	None
\$200.00	None
\$310.00	None
\$100.00	None
\$300.00	None
\$13805.00	None
\$9701.00	None
\$2311.00	None
\$5400.00	None
\$5400.00	None
\$90.00	None
\$150.00	None
\$79.00	None
\$500.00	None
\$1000.00	None
\$425.00	None
	\$310.00 \$100.00 \$300.00 \$13805.00 \$9701.00 \$2311.00 \$5400.00 \$5400.00 \$150.00 \$79.00 \$1000.00

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
nternational Association of Lions 1181 Midland West Side	756050637
A	,
Part 1 Line 16	
Other Expenses	
Jamer Expenses	
Texas Lions Camp Dues \$1071.00	
ions Clubs International Registration/Dues \$2135.00	
District 2-A1, State and District Dues \$679.88	
Part II Line 26	
Total Liabilities	
Oonation to Girl Scout Troop 33283 \$150.00	
unding for Back to School Bash 2019 \$9000.00	
	·
•••••••••••••••••••••••••••••••••••••••	
	. No area