

75-6030917

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Form **990-EZ**

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

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

1912

3
90454

A For the 2019 calendar year, or tax year beginning **2019**, and ending **20**

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 <input checked="" type="checkbox"/> International Association of Lions Clubs Wichita Falls Founder 896		D Employer identification number <input checked="" type="checkbox"/> 75-603091 756030917
	Number and street (or P.O. box if mail is not delivered to street address) <input checked="" type="checkbox"/> Room/suite P. O. Box 2047		E Telephone number (940)613-7838
	City or town, state or province, country, and ZIP or foreign postal code Wichita Falls TX 76307		F Group Exemption Number <input checked="" type="checkbox"/> 0249
			H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶

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

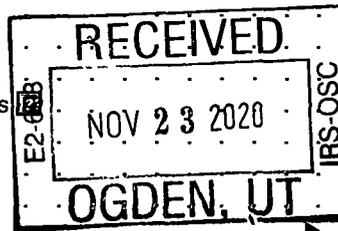
K Form of organization: Corporation Trust Association Other

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **131154**

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	<input checked="" type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received	1	0
	<input checked="" type="checkbox"/> 2 Program service revenue including government fees and contracts	2	0
	<input checked="" type="checkbox"/> 3 Membership dues and assessments	3	12240
	<input checked="" type="checkbox"/> 4 Investment income	4	2008
	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 \$ 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	116906
	c Less: direct expenses from gaming and fundraising events	6c	89382
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	27524
	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	41772
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	30600
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	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	85
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16	21472
	17 Total expenses. Add lines 10 through 16	17	52157
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	<10385>
	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	155736
	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	166121



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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	155736	22 166121
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	155736	25 166121
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	155736	27 166121

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? _____

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 To provide funds to support non-profit organizations serving needy and disabled youth and adults: Boys and C Club (youth)-\$1000, Camp Fire (youth)-\$1,000; SAFB Student Squadron (adults)-\$1,750; Boy Scouts of America (youth)-\$1,000; Habitat for Humanity (youth & adults)-\$1,000; Others - \$24,850. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	30600
29 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 and Interfaith Outreach Services of Wichita Falls. 55 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"/>	29a	4000
30 To provide scholarships to needy college students who need financial assistance in attending the college of their choice. Six needy students receives \$1,000 per year and renewable for up to 4 years. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6000
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	40600

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
Norman Mason, President PO Box 2047, Wichita Falls TX76307	3	0	0	0
Lou Murdock, Past President PO Box 2047, Wichita Falls TX 76307	1	0	0	0
Derek Dansby, Vice-President PO Box 2047, Wichita Falls TX76307	1	0	0	0
Katharina Schlosser, Vice-President PO Box 2047, Wichita Falls TX 76307	1	0	0	0
JoAnn Cermin, Secretary PO Box 2047, Wichita Falls TX 763007	3	0	0	0
Nathan McDonald, Treasurer PO Box 2047, Wichita Falls TX 76307	8	0	0	0
Benny Daniel, Director PO Box 2047, Wichita Falls TX 76307	1	0	0	0
Janis Linville, Director PO Box 2047, Wichita Falls TX 76307	1	0	0	0
John Golden, Director PO Box 2047, Wichita Falls TX 76307	1	0	0	0
Carol Propper, Director PO Box 2047, Wichita Falls TX 76307	1	0	0	0
Richard Rust, Director PO Box 2047, Wichita Falls TX 76307	1	0	0	0
Ryan Donaldson, Director PO Box 2047, Wichita Falls TX 76307	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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		<input checked="" type="checkbox"/>
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 <input type="text"/>		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <u>Nathan McDonald</u> Telephone no. <u>(940)613-7838</u> Located at <u>PO Box 2047, Wichita Falls TX</u> ZIP + 4 <u>76307-2047</u>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
42c	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 <input type="text"/>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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

Yes No
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

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

Yes No
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."

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

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 (Nathan McDonald), Date (11/5/2020), Type or print name and title (Nathan McDonald, Treasurer)

Paid Preparer Use Only: Preparer's name, signature, date, PTIN, firm's name, EIN, address, phone no.

May the IRS discuss this return with the preparer shown above? See instructions

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
		TX-OK Fair (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	116906		116906
	2	Less: Contributions	0		0
	3	Gross income (line 1 minus line 2)	116906		116906
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	89382		89382
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				27524

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))
		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)**

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.

2019

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

International Association of Lions Clubs, Wichita Falls Founder 896

Employer identification number

75-6030917

PART 1 - LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID Annual scholarships given to six needy college students (non-relative) \$6,000,
 Texas Lions Camp - \$2,000; Boys & Girls Club - 1,000; Camp Fire - \$1,000; 366th Student Squadron - \$1,750; McGruff Crime Dog - \$500;
 Habitat for Humanity - \$1,000; City of Wichita Falls (Parks Dept) - \$2,500; Wichita County Teen Court - \$500; Camp Chaparral - \$750;
 Boy Scouts of America (Northwest Council) - \$1,000; Big Brothers & Sisters- \$1,000. Midwestern State
 Lions Club - \$1,100, The Kitchen - \$1,000; cost of providing eye examinations and eyeglasses to needy student and adult (all
 non-relative) - 4,000; Midwestern State University Fantasy of Lights - \$500; Arts Council of Wichita Falls - \$550; Christmas in Action - \$500;
 Project Back to School - \$1,000; Wichita Falls State Hospital - 1,450 (Birthday Party for Patients:
 Wichita Falls Police Department (Drug & Safety) - \$500; Leader Dogs for the Bling - \$500:
 Base Camp Lindsey - \$500

PART 1 - LINE 16 - OTHER EXPENSES - Weekly meals for members - \$16,778, Membership dues \$3,624; Insurance \$135, Conventions and
 Meetings - \$410; Club & Office supplies - \$260, Misc - 265