Total expenses. Add lines 10 through 16

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

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)

16

17

18

19

20

Net Assets

16

17

18

19

20

21

3596

8483

16539

25022

160948

	90-EZ (2019	·	Abo in About in a	Say Dort III	 			Page 2
Par		alance Sheets (see heck if the organization		· ·	ny guartian in this	Dort II		
		neck ii the organizatio	on used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash	savings, and investmer	nte		}-	16539	22	25022
23	-	nd buildings				10337	23	
23 24		issets (describe in Sch					24	
25		ssets	•			16539		25022
26		abilities (describe in S				10337	26	12261
27		sets or fund balances		(R) must agree wit	h line 21)	16539		12761
art		tatement of Program					<u></u>	12701
		heck if the organization		•		•		Expenses
hat		ganization's primary ex		<u> </u>	,	· · · · · · · · · · · · · · · · · · ·		uired for section
	•	• •		chmonte for each o	of its three largest p	rogram convoce		c)(3) and 501(c)(4) inizations, optional for
		organization's program by expenses. In a cle					othe	•
		ited, and other relevan			o contious provides	, 1110 Hambor of	İ	
		school Bash- 1000 bags			ents without any cost	s to families		
		for 2019 and 2020)						
•								
27	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	23649
9	Food Box	Program - 3 boxes of fo						
	Christma	S						
•		**						
•	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	8851
0	1 · ·				,	<u> </u>		
11		gram services (descri	oe in Schedule O)				30a	
1	Other pro (Grants \$	ogram services (describ	oe in Schedule O)) If this amount		ants, check here .	 ▶ □	31a	
1 2	Other pro (Grants \$ Total pro	ogram services (describ ogram service expens	be in Schedule O)) If this amount ses (add lines 28a t		ants, check here		31a 32	32500
1 2	Other pro (Grants \$ Total pro	ogram services (describ ogram service expens st of Officers, Directors	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign gra through 31a) . r Employees (list eac	ants, check here .	pensated—see the II	31a 32	32500
1 2	Other pro (Grants \$ Total pro	ogram services (describ ogram service expens	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign gra through 31a) . r Employees (list eac	ants, check here h one even if not com y question in this	pensated—see the ii	31a 32	32500
1 2	Other pro (Grants \$ Total pro	ogram services (describ ogram service expens st of Officers, Directors heck if the organization	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) r Employees (list eac O to respond to a	ants, check here .	pensated—see the II	31a 32 nstruc	32500 ctions for Part IV)
1 2	Other pro (Grants \$ Total pro	ogram services (describ ogram service expens st of Officers, Directors	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a). r Employees (list eac O to respond to a	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
1 2 art	Other pro (Grants \$ Total pro IV Li	ogram services (describ ogram service expens st of Officers, Directors heck if the organization	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a)	ants, check here	pensated—see the II Part IV (d) Health benefits, contributions to employ	31a 32 nstruc	32500 ctions for Part IV)
2 art	Other pro (Grants \$ Total pro IV Li Cl	ogram services (described program service expensions of Officers, Directors heck if the organization (a) Name and title	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
2 arti	Other pro (Grants \$ Total pro IV Li Cl Britton	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (thy	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (thy	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (thy	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (thy	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (thy	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (thy	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
2 artt	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
2 art	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
2 artt	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
ott 08 (Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)
2 artt	Other pro (Grants \$ Total pro IV Li: CI Britton Goddard I	ogram services (described and service expenses of Officers, Directors heck if the organization (a) Name and title PI, Midland, TX 79705	be in Schedule O)) If this amount ses (add lines 28a to, Trustees, and Key	includes foreign grathrough 31a) . r Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	32500 ctions for Part IV)

7	₹ ~
-	•
•	
_	

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 0. 34 Were any significant changes made to the organization of completing or covering 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 0. See instructions. 35 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)? 36 If "Yes" to line 33a, has the organization lined a Form 1990-T for the year? If "Yes," provide an explanation in Schedule 0. Bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part 1. 37 Interface organization in the Form 1120-PDL for this year? 38 Did the organization be Form 1120-PDL for this year? 39 Section 501(c)(7) organizations explicated business disposition of the tax year covered by this return? 30 If "Yes," complete Schedule L, Part II, and enter the total amount involved. 30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersected, section 4915 bid. Section 4911 bid. Section 4915 bid. Se	Form 9	90-EZ (2019)	<i></i>	F	age 3
33	Part	· · · · · · · · · · · · · · · · · · ·		V	
detailed description of each activity in Schedule 0 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0. 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" bine 53a, has the organization during organization such a form 990-Tc five, year? If "Yes," complete schedule C. Part III . 36 Did the organization undergo a liguidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete policial bears of Schedule C. Part III . 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a but the organization before when the part of the organization is price year of the part of the organization before when the part of the part	33	Did the organization engage in any significant activity not previously reported to the IRS2 If "Yes." provide a		Yes	No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 36a 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)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization a section \$01(c)(4), \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section \$03(e) notice, reporting, and priory tax requirements during the year? If "Yes," complete Schedule O. Part III. 50b Id the organization undergo a liquudation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete splicable parts of Schedule N. Part III. 50c Inter amount of political expenditures, direct or indirect, as described in the instructions ► \$\begin{array}{ c c c c c c c c c c c c c c c c c c c			33		1
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)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? if "No," provide an explanation in Schedule O c Was the organization a section \$01(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 603(s) notice, reporting, and proxy tax requirements during the year? if "Yes," complete Schedule C, Part III. 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if "Yes," complete Schedule C, Part III. 36c I bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if "Yes," complete Schedule L, Part II. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 37b Did the organization berone from 1120-POL for this year? 37a Did the organization berone from 1120-POL for this year? 37b Did the organization berone from 1120-POL for this year? 37c Did the organization berone from 1120-POL for this year? 37c Did the organization berone from 1120-POL for this year? 37d Did the organization berone from 1120-POL for this year? 37d Did the organization berone from 1120-POL for this year? 38a Did the organization berone from 1120-POL for this year? 38b Did the organization berone from 1120-POL for this year? 39c Did the organization berone from 1120-POL for this year? 39c Did the organization from 1120-POL for this year? 39c Did the organization the propriet of manual to 120-POL for this year? 39c Did the organization the propriet from 1120-POL for this year. 39c Did the organization the propriet from 900 or 90-EZ? If "Yes," complete Schedule L, Part I berone for the propriet from 900-POL for	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		~
b If "Yes" to line 35a, has the organization filed a Form 990-1 for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete schedule C, Part III. 36 Did the organization indergo 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 ▶ 37a	35a				,
10 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spiciable parts of Schedule N		If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		<i>y</i>
b 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? b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38b 38c 5010(2)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 339a 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included on line 9 for public use of club facilities 39b 50 6rcoss receipts, included and public and pu	36				~
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	37a		· ,		*
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved			37b		~
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under. section 4911 ▶ 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization reage 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-E27 if "Yes," complete Schedule L, Part I 6 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. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization is filed ▶ 11 List the states with which a copy of this return is filed ▶ 12 The organizations books are in care of ▶ Kalthy McConnell 13 Telephone no. ▶ 432-638-1070 14 List the states with which a copy of this return is filed ▶ 14 List the states with which a copy of this return is filed ▶ 15 Telephone no. ▶ 432-638-1070 16 Yes IV 17 Yes, "onter the name of the foreign country ▶ 18 Yes IV 19 Yes IV 10 Ithe organization maintain a	Jua		38a		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ section 4912 ▶ section 4955 ▶ 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-E27 If "Yes," complete Schedule L, Part I cost on 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. 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. Enter amount of tax on line 44c reimbursed by the organization series of the Kathy McConnell List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Kathy McConnell List the states with which a copy of this return is filed ▶ 42b Title the states with which a copy of this return is filed ▶ 42c Title the states with which a copy of this return is filed ▶ 42d Title the states with which a copy of this return is filed ▶ 42d Title the	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			<u>-</u>
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under, section 4911 ▶ ; section 4912 ▶ ; section 4915 ▶ section 4911 ▶ ; section 4912 ▶ ; section 4912 ▶ ; section 4911 ▶ ; section 4912 ▶ ; section 4911 ▶ ; section 4912 ▶ ; section 4912 ▶ ; section 4911 ▶ ; section 4912 ▶ ; 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 ▶ ; depending to a prohibited tax shelter transaction? If "Yes," complete Form 886-T ▶ ; depending the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T ▶ ; depending to a prohibited tax shelter transaction? If "Yes," complete Form 886-T ▶ ; depending to a prohibited tax shelter transaction? If "Yes," complete Form 886-T ▶ ; depending to a prohibited tax shelter transaction? If "Yes," complete Form 886-T ▶ ; depending to a prohibited tax shelter transaction? If "Yes," complete form 886-T ▶ ; depending to a prohibited tax shelter transaction? If "Yes," complete form 886-T ▶ ; depending to a prohibited tax shelter transaction? If "Yes," completed instead of prom 890-EX is the states with which a copy of this return is filed ▶ ; depending to a prohibited tax shelter transaction? If "Yes," is not a prohibited tax shelter transaction? If "Yes," is not a prohibited tax shelter transaction? If "Yes," is not a prohibited tax shelter transaction? If "Yes," is not a prohibited tax shelter transaction? If "Yes," is not a prohibited tax shelter transaction? If "Yes," is not a prohibited tax shelter transaction? If "Yes," is not a prohibited tax				١,	
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ :section 4912 ▶ :section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization rapage 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 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 41 List the states with which a copy of this return is filed ▶ Located at ▶ 307 Thomas, Midland, TX 2 P+4 ▶ 79703 b 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 ▶ 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Section 501(c)(3), 501(c)(4), and 501(c)(29) organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44a □ Did the organization have a controlled entity within the meaning of section 512(b)(13)? The file of the organization of the form 900-EZ 5 Did the organization have a co			-	ŧ	
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		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	•		
c 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 886-T. List the states with which a copy of this return is filed ▶ 11 List the states with which a copy of this return is filed ▶ 12 The organization's books are in care of ▶ Kathy McConnell. 13 Located at ▶ 307 Thomas, Midland, TX 14 List the states with which a copy of this return is filed ▶ 15 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 ▶ 16 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 17 C At any time during the calendar year, did the organization maintain an office outside the United States? 18 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. 18 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 19 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 20 Did the organization receive any payments for indoor tanning services during the year? 21 Jeves No. 14 Jeves	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	405		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Kathy McConnell Located at ▶ 307 Thomas, Midland, TX DAL 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). 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 ▶ 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. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with or be completed instead of Form 990 and Schedule R may need to be completed instead of	c	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,	400		'
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	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		,	
The organization's books are in care of ▶ Kathy McConnell Telephone no. ▶ 432-638-1070 Located at ▶ 307 Thomas, Midland, TX 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). 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 ▶ 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 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have 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	е		<u> </u>		
b 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). 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 ▶ 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	41				
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). 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 ▶ 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 ▶ 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	42a	The organization's books are in care of ► Kathy McConnell Telephone no. ►			0
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 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 143 144 154 154 165 175 186 187 187 188 188 188 188 188	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No 🗸
the triple during the calendar year, did the organization maintain an office outside the United States? 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 ▶ 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		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			•
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. 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. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 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	С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 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 c Did the organization receive any payments for indoor tanning services during the year? 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	44a		44a	Yes	No
c Did the organization receive any payments for indoor tanning services during the year?	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
b Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Did the organization receive any payments for indoor tanning services during the year?	44c		V
b 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	45a		\vdash		~
Form 990-EZ. See instructions	_	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	,	·	· V

46	Did to ca	he organization engage, directly or in indidates for public office? If "Yes," o	ndirectly, in political d complete Schedule C	campaign activities	on behalf o	of or in opposi	ition	46	247	1	
Part		Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s Only						or line		
		Check if the organization used Sci	nedule O to respond	d to any question in	this Part	VI					
47	year'	he organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) elec	tion in effe	ect during the		47	Yes	No 🖸	
48 49a b 50	Did t If "Ye Com	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits, ions to employee ans, and deferred inpensation	(e) Esti	mated		unt of	
	·										
					-						
					-						
											
f 51	Com	number of other employees paid over plete this table for the organization, ,000 of compensation from the orga	s five highest compe	ensated independer	nt contract	tors who each	n receiv	ved i	more	than	
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)) Comper	nsatio	n		
		••••••									
							<u>. </u>				
											
		······									
d 52	Did ·	number of other independent contra the organization complete Schedu pleted Schedule A	•	•			n a .▶□ \	Yes		 lo	
		of perjury, I declare that I have examined this r d complete, Declaration of preparer (other than					nowledge	and I	belief,	ıt ıs	
Sign Here	Signature of officer Kathy McConnell, Treasurer Kathy McConnell, Treasurer										
Paid Prepa	<u> </u>	▼ Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo		ΊΝ			
Use (Firm's name ▶					Firm's EIN ▶				
May th	e IRS	Firm's address ► discuss this return with the preparer	shown above? See ii	nstructions		Phone no	▶ □ \	/cc		lo.	

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 2019

Department of the Treasury Internal Revenue Service Name of the organization

International Association of Lions 1181 Midland West Side

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

756050637

Part 1, Line 10 Activity Grantee Name/Address Amount Relationship Texas Lions Camp, P O Box 290247, Keriville, TX \$3050 00 None West Texas Lions Eye Bank, 2030 Pullman, San Angelo, TX \$1250 00 None Leader Dogs for the Blind, 1309 Rochester Rd, Rochester, MI \$500 00 None District 2-Al, Vision Screening, 1821 Industrial, San Angelo, FX \$250 00 None Texas Lions Lyeglass Recycling Center, 2500 Flynt, Midland, TX \$298 00 None Texas Lions Foundation, P O Box 64881, Lubbock, TX \$500 00 None Lions International Foundation, 300 W 22nd St, Oak Brook, IL \$500 00 None Tall City Lions Club, 301 Stonewall, Midland, TX \$500 00 None Food Boxes 96 Families in the Midland Community \$8851 42 None Back to School Bash School Supplies for 2000 bags \$23649 00 None Sponsor Boy Scout Troop 19, 4208 Tanner, Midland, TX \$5400 00 None Sponsor Boy Scout Pack 67, 418 Pine, Midland, TX \$5400 00 None Children's Christmas Gift Bags \$287 80 None Eyeglasses and exams for people in need \$490 63 None Girl Scout Troop 33283, Blessing Box, 901 W. Dengar, Midland, TX \$150 00 None Agape Counseling Scivices, 3500 N A St, Midland, IX \$150 00 None Northside Lions Club, P O Box 4122, Mdland, 1X \$250 00 None School Health, 5600 Apollo Dr, Rowling Meadows, IL, Spot Machine for eye screening \$6985 00 None Anson Jones Elementary, 4919 Shadylane, Midland, TX, School Lunch Fund \$500 00 None Jane Long Elementery, 4200 Dedar Spring, Midland, TX School Lunch Fund \$500 00 None Henderson Elementary, 4800 Graceland, Midland, TX, School Lunch Fund \$500 00 None Burnett Elementary, 900 Raymond, Midland, TX, School Lunch Fund \$500 00 None Club donations to Lagle Scout Projects \$809 94 None Manor Park Retirement Villiage, 5212 Sinclair, Midland, TX, Bingo Supplies

None

S30 80

Name of the organization International Association of Lions, 1181 Midland West Side	Employer identification nu 756050637	Employer identification number 756050637				
Part1, Line 10 (Continued)						
Activity Grantee Name/Address	Amount R	elationship				
Christmas in Action, 500 S Lee, Midland, TX	\$200 00	None				
Habitat for Humanity, 305 & Texas, Midland, TX	\$200 00	None				
First Christian Church disciple Food Pantry, 1300 W	Louisiana, Midland, TX \$200 00	None				
Midland Soup Kitchen, 1400 Oichaid, Midland TX	S200 00	None				
West Texas Food Bank, 1601 Westcliff, Midland, TX	\$500 00	None				
Show of Support, 2002 W Wall, Midland, 1X	\$ 750 00	None				
Breaking Biead, 410 E Florida, Midland, TX	\$200 00	None				
Senior Life Midland, 3301 Sinclair, Midland, TX	\$200 00	None				
Gifts of Hope Foundation, 2006 Tennessee, MIdland, TX	\$200 00	None				
Part 1 Line 16 Other Expenses						
Texas Lions Camp Dues \$1039 50		·····				
Lions Clubs International Registration/Dues \$1892 87		•••••				
District 2-Al and State Dues \$662 64						
Part 11, Line 26 Total Liabilities						
Lions Project for Camine Companions \$100 00						
Eagle Project Fund \$940 06	-	<u></u>				
Texas Lions Camp Travel Fund \$1775 46						
Washer lournament Fund \$1250 00						
Midland West Side Eyeglass Fund \$496 95						
Food Boxes Fund \$5000 00						
Exchange Student Fund \$1500 00						
Back to Schoel Bash 2020 \$1198 97						
·						
·						